

## Dance Medicine Practicum Registration Form 2017

(Please complete form and fax to 212-541-8582 or email scanned copy to [Andrea@westsidedancept.com](mailto:Andrea@westsidedancept.com))

Name (please print): \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country (if not U.S.): \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

License (if applicable)/ Required to participate in joint mobilization/Grade V techniques:

Type (PT, MD, DPM, DO etc): \_\_\_\_\_

License #/State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Registering for: (please check the Module(s) in 2017 you are registering for - \$650 per Module)

Module I (June 1 -2, 2017) \_\_\_\_\_ Module II (June 3 – 4, 2017) \_\_\_\_\_

You will be contacted at a later time regarding your interest in attending a performance of The New York City Ballet or The School of American Ballet.

Payment Method:

Check: \_\_\_\_\_ (Please make out check to: Westside Dance Physical Therapy)

Please bill my credit card for the fee:

Credit card number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_