

Dance Medicine Practicum Registration Form 2012

Please print form and fax to 212-541-8582 or mail to: 53 Columbus Ave New York,
NY 10023

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 mobilizations/Grade V techniques

Type (PT, MD, DPM, DO, etc.) _____

License #/State _____

Employer: _____

Employer address: _____

Registering for: (please check the Module(s) in 2012 you are registering for)

Module I April 14th & 15th ____ Module II April 20th - 22nd ____

Module III May 18th - 20th ____ Module IV June 1st - 3rd ____

Enclosed is a check for (\$575 for each Module): _____

Please make check out to: West Side Dance Physical Therapy

Please bill my credit card for the fee:

Credit Card # _____ Expiration Date ____/____