

2018 Dance Medicine Practicum Registration Form

(Please complete form and fax to 212-541-8582 or email scanned copy to 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 2018 you are registering for - \$650 per Module)

Module III (May 18th – 19th, 2018) _____ Module IV (May 20th – 21st, 2018) _____

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: _____