

2018/2019 Registration Form
Dance Medicine Practicum at John's Hopkins Hospital

(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 outside 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 following):

Cost per individual course: \$550

Cost per bundle of two courses: \$990 (10 % discount)

Cost per bundle of four courses: \$1760 (20% discount)

Module I (August 18th – 19th, 2018)_____ Module II (January 12th – 13th, 2019) _____

Module III (March 23 – 24th, 2019)_____ Module IV (May 18th – 19th, 2019)_____

(Please note that course discounts may be applied only at the time of initial purchase. Discounts not applicable toward purchase of same course for multiple course participants)

Payment Method:

Check: _____ (Please make out check to: Andrea Zujko PT,DPT,OCS,COMT)

Paypal: Please email form to andrea@westsidedancept.com and an invoice will be sent.