Registration Form

Course : □ Conquering Shoulder & Arm Pain □ Conquering Low Back, SIJ Pain & Radiculopathy
Course Location _____
Name _____
Credentials: (circle one) PT PTA ATC OT
Address: _____
_____
City State Zip
Cell Phone: (_____) _____ Work Phone: (_____) _____
E-mail _____

Tuitions:

Shoulder & Arm Pain: **$465** if registered two (2) weeks prior to event. **Late registration** within two (2) weeks of event requires a fee of $495.

Low Back, SIJ Pain & Radiculopathy: $495 if registered two (2) weeks prior to event. **Late registration** within two (2) weeks of event requires a fee of $525.

Checks/cards are not deposited until 7 days prior to a confirmed course.

Method of Payment (circle form of payment)

Check **Visa** **Mastercard**

_____
Check or Card# Card Exp Date

Signature _____

Credit card statements will show Avail Consulting, Inc. Make checks to: Avail Consulting, Inc.

Three methods of Registration:

1. Standard Mail Registration send registration & payment to:

Avail Consulting, Inc.
7000 South Ave. Suite 7
Boardman, Ohio 44512

2. Fax Registrations to:
330-629-9362

3. For Phone Registrations and General Inquiries:
330-629-8834

****PLEASE NOTE THE FOLLOWING:** Seating may be limited at some locations; therefore we encourage ***early registration*** to ensure seat and avoid late registration fee.

Avail Consulting, Inc. or its speakers may refuse attendees for any reason at any time or cancel a course within 14 days before the scheduled course.

Upon registration, attendees will receive confirmation and hotel information via standard mail and/or e-mail.

Refunds will be given less a $75 processing fee for cancellations less than 7 days prior to the course.