



Saturday, February 4 2017 at Rosen Centre Hotel

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City, ST Zip: _____

Phone: _____ E-mail: _____

(Necessary for e-mail confirmation)

Medical Profession (1): _____ Cert/Lic. # _____

(AT's please provide BOC cert. #)

Medical Profession (2): _____ Cert/Lic. # _____

(AT's please provide BOC cert. #)

Seminar Registration

Cost

Seminar (Check One Only)

Pre-registration (before midnight January 30th)

\$60

\$95*

On Site Registration (February 4th only)

\$80

\$115*

* MD, DO & PA only

Optional Workshop (Check One Only)

CPR for Healthcare Professionals

\$40

Sound Assisted Soft Tissue Mobilization (SASTM)

\$35

Lunch Choices (Check One Only)

Grilled Chicken Caesar Salad Box Lunch

\$0

Turkey Wrap Box Lunch

\$0

Veggie Wrap Box Lunch

\$0

Total Cost \$ _____

Please make checks payable to **Orlando Orthopaedic Center Foundation** and mail it with your registration form to:

Andy Reber, MA, LAT, ATC
 Orlando Orthopaedic Center
 25 W. Crystal Lake Street, Suite 200
 Orlando, FL 32806

Late registration after midnight January 30th is \$80 (\$115 for MD, DO, & PA). Late registration will only be done on day of seminar on site. No refunds will be granted after midnight January 30th and there is a \$5 cancellation fee to all cancelation transactions. Online registration with electronic payment is also available. Please visit our website at www.OrlandoOrtho.com/seminar for instructions and more information.

