The Essentials to Effective Evaluation And Management of Patients with Cervicothoracic Spine Disorders

March 12-13, 2010

Program #090-73-18

REGISTRATION INFORMATION:

Name: _____

Employer/Institution _____

Mailing Address: _____
(Employer or Home – Circle One)

City: _____ State/Prov.: _____ Zip/Postal: _____

Daytime Phone: _____ Fax: _____

E-mail address: _____

Registration fee includes course materials, lunches, refreshments and CEUs.

☐ ***$365 EARLY BIRD REGISTRATION – on or before 02/19/10***

☐ ***$385 LATE REGISTRATION – after 02/19/10***

Cancellation Policy: Full refund less $50 processing fee before February 26, 2010. No refunds on or after February 26, 2010. Substitutions will be accepted.

PAYMENT INFORMATION:
Method of Payment:

____ Check – made payable to UW-La Crosse ____ MasterCard ____Visa ____American Express

_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ / _ _ _____
Credit Card # Exp. Date Cardholder's signature

_____
Name as it appears on the card Corporation/organization, if corp. or org. card

Special Needs: Please indicate any special needs you may have, including meals: _____

_____

Return this form along with your method of payment:

By mail: University of Wisconsin-La Crosse
Continuing Education/Extension Registration
205 Morris Hall, 1725 State Street
La Crosse, WI 54601

By fax: 608.785.6547
By phone: 608.785.6504
Online: www.uwlax.edu/conted
Toll-free 1.866.895.9233

Registration implies permission for photos, publicity and inclusion in a participant list unless Continuing Education and Extension is notified in writing prior to the program.