

# Mail-In Registration Form

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Name: \_\_\_\_\_

Course Location and Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E-Mail: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Circle one please: PT OT MD

*Please Enclose a check or money order payable to:*

*Pacific Therapy Education, Inc*

*27475 Ynez Road # 318*

*Temecula, CA 92591*

***Important: Confirmation of registration will be mailed with pre-course material.***