



The Temporomandibular Joints: Assessment and Treatment
Given by Professor Dr. Mariano Rocabado

REGISTRATION FORM
September 26 & 27, 2010

Pre-requisite: Introduction Course with Professor Dr. Mariano Rocabado or other course on TMJ or Upper Quadrant Course, Level 3

Name: _____

Address for Receipt: _____

Phone number: **(res)** _____ **(office)** _____

Email: **mandatory:** _____

Pre-requisite : _____
(name and date of course)

Payment method – Post dated cheque \$451.50, payable to **9212-5061 Québec Inc.**

dated **August 20th 2010** (includes taxes and breaks)

Cancellation policy: Before August 20th 2010 - Full reimbursement

Between August 21st and September 3rd 2010 - 50 % refund

After September 3rd 2010 - no refund

If you have any specific questions or require more in-depth information please contact us at physiomk@bellnet.ca. Confirmation will be sent via e-mail so please provide this information on your registration form. Please let us know should your email address change after registration.

I _____ have read and understand the registration and cancellation policy regarding this instructional session.

Signature _____