



***Clinical Application of Rehabilitative Ultrasound
Imaging: Lumbo-Pelvic Dysfunction
Given by Jackie Whittaker***

**COURSE REGISTRATION FORM
April 16 & 17, 2010**

Name: _____

Address: _____

City: _____ Postal Code: _____

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

Email: **mandatory:** _____

Payment method – Post dated cheque \$451.50, payable to **9212-5061 Québec Inc.**
dated **March 19th 2010**.

Cancellation policy: Before March 20th 2010 - Full reimbursement
Between March 21st 2010 and April 2nd 2010 - 50 % refund
After April 2nd 2010 - no refund

The course will be held at Physiothérapie Maheu Killens located at 1325 Cote-Vertu, suite 100 in Saint-Laurent, H4L 1Z1

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 _____