



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

REGISTRATION FORM
March 25 & 26, 2012

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 \$459.90, payable to **9212-5061 Québec Inc.**
dated **February 24th 2012** (includes taxes and breaks)
Cancellation policy: Before February 24th 2012 - Full reimbursement
Between February 25th & March 9th 2012 - 50 % refund
After March 10th 2012 - 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 _____