**Evidences Based Treatment for Cervicogenic Pain with Movement Coordination Impairments**

**January 19th, 2019**

## **Registration Form**

Due to the hands on nature of this class, registration will be limited to 20 participants. Be prepared to expose neck, back, lower extremities and upper extremities. Registration will be on a first come, first served basis and may be limited to allow each facility to attend. Please fill out form completely and print legibly. Please provide an email address for confirmation to be sent to you. Please print your name as you wish it to appear on the certificate.

## **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Circle Title**: PT, OT, PTA, COTA, Student (students may enroll if there is availability)

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#### **Kaiser Location and Medical Center**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Kaiser Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(Cell or Home) Phone**:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(W):Tie line**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kaiser e-mail address only**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that everyone must submit a check for the cost of the course to reserve their seat**

**No refunds are available for this course unless your spot in this class has been re-assigned or filled via another participant. We have the right to cancel the course 72 hours in advance if there is not enough participation.**

There will be a **non-refundable** fee of **$ 25**

Make check payable to **KAISER PERMANENTE**.

**CHECKS MUST BE POST-DATED FOR JAN 19TH, 2019**

**One registration form and check per registrant** (do not send in a check for multiple registrants)

**Do not send through inter-office mail, use postal mail. No Walk-ins!**

## Deadline for registration is

**Send registration form and check to:**

**Kaiser Permanente West Los Angeles, P.T. Dept.**

**ATTN: Jason Tonley PT**

**6041 Cadillac Ave.**

 **LA, CA 90034**