

Saturday, August 4, 2018 at Rosen Centre Hotel

(PLEASE PRINT CLEARLY)

Name:	
Address:	
City, ST Zip:	
Phone: E-ma	il:(Necessary for e-mail confirmation)
	(Necessary for e-mail confirmation)
Medical Profession (1):	Cert/Lic. # (AT's please provide BOC cert. #)
	(AT's please provide BOC cert. #)
Medical Profession (2):	Cert/Lic. #
	Cert/Lic. # (AT's please provide BOC cert. #)
Seminar Registration	Cost
Seminar (Check One Only)	
Pre-registration (before midnight July 27 th)	□\$60 □\$95*
On Site Registration (August 4 th only)	□\$80 □\$115*
	* MD, DO & PA only
Optional Workshop (Check One Only)	
CPR for Healthcare Professionals	□\$40
Neuromuscular Training and Injury Prevention	n □\$35
Lunch Choices (Check One Only)	
Grilled Chicken Caesar Salad Box Lunch	□ \$0
Turkey Wrap Box Lunch	□ \$ 0
Roast Beef Sandwich Box Lunch	□ \$ 0
Veggie Wrap Box Lunch	□ \$ 0
Total Cost	\$

Please make checks payable to **Orlando Orthopaedic Center Foundation** and mail it with your registration form to:

Andy Reber, MA, LAT, ATC Orlando Orthopaedic Center 25 W. Crystal Lake Street, Suite 200 Orlando, FL 32806

Late registration after midnight July 27th is \$80 (\$115 for MD, DO, & PA). Late registration will only be done on day of seminar on site. No refunds will be granted after midnight July 27th and there is a \$5 cancellation fee to all cancelation transactions. Online registration with electronic payment is also available. Please visit our website at www.OrlandoOrtho.com/Seminar for instructions and more information.

