## MAIL-IN REGISTRATION FORM

215-663-6457 by <b>Monday, June 30, 2014</b>	
	nning/Throwing Athlete at Arcadia University on July 12, 2014 event. Please contact me for future educational events.
Name:	Credentials
Discipline:	Job Title
License No	
Organization:	
Preferred mailing address:	
City:	State: ZIP:
Phone number:	
Email:	

Registration and payment can be mailed to address below or faxed along with this form to Sheila Wallace at

Do you have any special needs of which we should be aware?

## Fee: Allied Health Professionals \$75 Physicians \$100

MossRehab/Einstein Employees will be placed on a waiting list and notified by email if space is available.

Payment can be made by check only, paid to the order of MossRehab.

Please send your payment to: MossRehab Attention: Sheila Wallace Room 303 West 60 Township Line Road Elkins Park, PA 19027

## **CANCELLATION POLICY**

For cancellations up to seven days prior to the course, there is a \$50 non-refundable administrative processing fee. For cancellations less than seven days prior to the course, there are no refunds. Full policy will be disclosed with course confirmation.

## INFORMATION

For questions about the program or registration, please contact Sheila Wallace, <u>wallacsh@einstein.edu</u> or by phone 215-663-6457. Advanced registration is required due to space limitations. Registration is on a first-come, first-served basis.