

Registration Form:

Lower Extremity Sports Medicine / Orthopedic Update: Hip & Knee

Presented by the Department of Rehabilitation Services & the Sports Medicine Service,
Department of Orthopedics, BWH

October 2-3, 2009 @ Brigham & Women's Hospital, Boston, MA.

Name (as you would like it on your course certificate): _____

___ PT ___ PTA ___ ATC ___ other: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Please make checks out to **Department of Rehabilitation Services, BWH**

Course fee is \$250.00

Mail to:

Reg B. Wilcox III
Department of Rehabilitation Services
Brigham & Women's Hospital
75 Francis Street
Boston, MA 02115

Questions please email rwilcox@partners.org

Cancellation Policy: If you choose to cancel in writing before 9/2/09, you will receive a full refund. After 9/2/09 you will be charged a \$30.00 processing fee. No refunds will be given after 9/30/09.

Full course details available at www.brighamandwomens.org/rehabilitationservices

You will receive email confirmation upon receipt of your registration.