

Presented By:



A Lifelong Relationship
Filled with Quality Care

Registration Form

CARE® Course – Part One *Enhanced!*

October 7 – 8, 2011

Hilton Garden Inn
6165 Levis Commons Blvd
Perrysburg, OH 43551



Full Name: _____ Certification / License No. _____

Company / Organization: _____ Discipline: _____

Address: _____ Title: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____ Alternate E-mail: _____

REGISTRATION FEES: Includes continental breakfast, lunch and snacks. A total of 15 CEU's will be awarded after completion of this course and test. Perry Prosthetics, Inc. will take photographs and video at this meeting. By registering for the meeting and it's associated events, you agree to allow Perry Prosthetics, Inc to use your photo in related publications, materials, or web sites.

PLEASE CHECK APPROPRIATE DISCIPLINE AND FILL IN REGISTRATION FEE:

Physical Therapist Occupational Therapist Physical Therapy Assistant Other \$395 _____

Student - (any discipline of medicine) Limited to the first 10 students in this class. \$175 _____

TOTAL \$ _____

Please list any ADA Special Needs: _____

Cancellations/Changes and Refunds: If written notice is received 21 days prior to the course date, a full refund of the fees will be given less a \$75.00 administration cost. No refunds within 21 days of the course date. Late arrivals and early departures will not be refunded. Substitutions are allowed at no charge. Changes can be made up to 5 days prior to the course with regard to staff and / or attendees.

PAYMENT METHOD: Check or Credit Card must be in U.S. funds payable to: **Perry Prosthetics, Inc.** There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed. By providing a check number or credit card number you are authorizing payment to Perry Prosthetics, Inc.

Amex VISA MasterCard Discover **OR** Check (Check No.) _____

Card No.: _____ Expiration Date: _____ / _____ / _____

Print Cardholder Name: _____ Signature: _____

Please fax or mail registration and payment to:

Ph: 419. 872.7336
Fax: 419. 872.7460
Email: aparcells@perryprosthetics.com

Perry Prosthetics, Inc.
Attn: Amy Parcels
970 W South Boundary
Perrysburg, OH 43551

For Hotel Reservations Call:
Hilton Garden Inn
800.445.8667

Area Attraction at Levis Commons:
www.leviscommons.com

Please fax or telephone credit card information. All hotel reservations are to be made directly with the hotel. Our room rate is \$109.