



3-D TREATMENT OF SCOLIOSIS Introduction Course

REGISTRATION FORM

Course date and location: ___August 22-23, 2019, Boston Orthotics and Prosthetics_____

Full Name: _____

Organization: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

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

Business Email: _____

Personal Email (to receive SBI newsletter): _____

Scoliosis Therapy Experience (which courses, instructors and which year):

REGISTRATION FEE: \$500.00, due in full at time of registration, no later than 30 days prior to course start date. Once payment is received, you will receive an email with payment confirmation and course details.

Class size is limited. Early registration is recommended. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. **Registration fee may be paid by check made payable to Spine Academy PT.**

Course Location: Boston Orthotics and Prosthetics, 20 Ledin Dr, Avon, MA. 02322

Instructor: Amy Sbihli, MPT, DPT, asbihli@spineacademypt.com

Mail payment to: Spine Academy, c/o Amy Sbihli, MPT, DPT, 33 Summer Street, Lexington, MA 02420

Course Cancellation Policy:

Due to the involved nature of course organization, cancellation policy is as follows:

1. If registrant cancels with less than 30 days notice:
 - If cancelled spot is filled with another attendee, a refund will be issued, less 10% service charge
 - If cancelled spot is not filled, there will be *no refund* of course fees.
2. If registrant cancels with more than 30 days notice:
 - Refund will be issued, less 10% service charge
3. We reserve right to cancel the course at any time due to low attendance or other conflicts.
 - Should the course be cancelled by instructors, full refunds will be issued.