

REGISTRATION FORM

NAME _____
Profession (Circle) DO MD PT OT LMT LMP ATC MCPA PTA PA DC DDS ND Other _____
State of Registration _____ Registration # _____

Work Address _____

Home Address _____

Email Address _____

Phone – Work _____ Home _____

Fax _____ Web Site _____

Course Title _____

Course Dates _____

Course Location _____

Deposit \$ _____. A \$100.00 non-refundable/non-transferable deposit is required to reserve a place on the class. The tuition balance is due in full one month prior to the course date. Make your check payable to Ursa Foundation and mail with the registration form to PO Box 1447, Edmonds, WA 98020-1447

Refund, Transfer, CME Credit and Course information

Refund – A full refund less a \$100.00 processing charge will be made upon written cancellation postmarked one month prior to the course date. **NO REFUNDS WILL BE MADE AFTER THAT TIME.**

CME Credit – Credit may only be earned for full attendance with full participation. Ursa course are cosponsored by the Washington Osteopathic Medical Association. Ursa is recognized by the NATABOC as an Approved Provider #P592.

Ursa Foundation assumes no responsibility for any injury and or damage to persons or property as a matter of negligence, or from any use of any methods, instruction or ideas contained in the material herein.

No video recording is permitted during any Ursa course. Audio recording is permitted for personal use only.

Some of the slides used during lecture time may contain nudity.