

# PTNW

Professional Therapies Northwest

## Registration Form

**Circle the Course(s) you would like to attend**

**Day 3: Clinical Concepts and Advanced Whole Body Applications of the Kinesio Taping® Method**

Saturday November 16, 2019

**Day 4: Specialty Sports/Orthopedic Concepts of the Kinesio Taping® Method**

Sunday November 17, 2019

**Calvin Kwan, ND, CKTI**

**Seattle, WA 8:00 – 5:30**

\$280 Each KT Day 3 or KT Day 4 before or on October 24, 2019 / \$300 on or after October 25, 2019

**\$265 Each Course if Registering for BOTH KT Days 3 & 4 prior to the Early Registration Deadline**

8 Credit Hours per course/16 for two courses  
Space is limited to 24 participants

Once KT Day 3 is successfully completed, attendees are eligible to sit for the KTA certification exam. KT Days 1 and 2 are pre-requisites for KT Day 3. KT Days 1, 2, and 3 are pre-requisites for KT Day 4. You do not need to be a Certified KT Practitioner to take KT Day 4.

KT Days 3 and 4 registration fees include course manual and 2 rolls of tape per day.

**Checks are Payable to:**

Professional Therapies NW

**Send Check and Registration Form to:**

Professional Therapies NW  
12068 Lakeside Place NE  
Seattle, WA 98125

**Phone: 206-365-7463**

**Toll-free: 888-365-1760**

**Fax: 206-368-2984**

**E-Mail and Web Page:**

course@professionaltherapiesnw.com

www.professionaltherapiesnw.com

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|-------------------------------|--|
| Your Name:                    |  |
| Professional Title:           |  |
| State License #:              |  |
| Home Address:                 |  |
| City, State, Zip              |  |
| Home Phone:                   |  |
| Facility/Clinic Name:         |  |
| Work Phone:                   |  |
| Fax:                          |  |
| E-mail:                       | <b>(Course Confirmation will be sent via e-mail)</b> |
| Credit Card #:                | _____  |
| Name on Card:                 | _____  |
| 3-Digit Code on back of Card: | _____  |
| Type of Card:                 | Circle One:    VISA            Mastercard            |
| Expiration Date:              | ____/____  |
| Billing Address:              | ____ same as above                                   |
|                               | _____  |

**Cancellation Policy:**

Professional Therapies Northwest will not be responsible for acts of war, weather, or other circumstances requiring cancellation of course. Airfare and hotel fee will not be reimbursed. Cancellations in writing made 3 weeks or more prior to the course date will receive a full refund minus \$75.00 administration fee. Refunds will not be made during the 3 weeks prior to the course, although a substitute may participate in the workshop. If course is cancelled by Professional Therapies NW, then a full refund will be honored.

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