

**Critical Essentials for AmaZing! Customer Service in a Physical Therapy Clinic**  
**Hosted by**  
**the District of Columbia Physical Therapy Association**

**REGISTRATION FORM**

**Educational Credit**

This program meets the criteria for 6 contact hours (.6 CEUs). A certificate of attendance will be provided.

**Fees**

	By March 1	After March 1
APTA Members	\$165	\$185
Non-Members	\$205	\$225

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Name (Please Print) \_\_\_\_\_

APTA Membership No.: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

**Payment Total:** \$ \_\_\_\_\_

Check, payable to DCPTA     Master Card     VISA     American Express     Discover

**Mail to:** 18919 Surreywood. San Antonio, TX 78258

Credit card registrations may be mailed to the address above or faxed to 877/622-0960.

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Security Code/ or for AMEX – 4 digit code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

**CANCELLATIONS**

DCPTA reserves the right to cancel any program and will refund the registration fee only. We are not responsible for airfare or reservation expenses or other incurred expenses.

Registrants who cancel must contact DCPTA in writing by April 31, 2012 in order to receive a refund of their registration fee. A \$25 administrative fee will be deducted from the refund of any person canceling on or before April 31. There will be no refunds after April 31. You may send your cancellation to [aptaofdc@gmail.com](mailto:aptaofdc@gmail.com)