

DRY NEEDLING INSTITUTE, LLC
50 W EDMONSTON DR STE 602 ROCKVILLE MD 20852
301-444-4890 FAX 301-444-4893

OREGON 24 HOUR TRAINING SEMINAR
REGISTRATION AND PAYMENT FORM

NAME _____
(as you would like it on your Certificate)

COMPANY NAME (if applicable) _____

ADDRESS _____

ADDRESS2 _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

OFFICE PHONE# _____ CELL PHONE# _____

LICENSED IN WHAT STATE(S) _____

LICENSE NUMBER(S) _____

NPI# _____

DATE OF SEMINAR: **To Be Announced** SEMINAR LOCATION: **PORTLAND OREGON**

AMOUNT: \$ **1800.00** USD

PAYMENT TYPE CHECK VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME _____

CHECK/CARD NUMBER _____ EXP DATE ____/____/____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

SIGNATURE _____ TODAY'S DATE _____

No refunds due to cancellation issued within 30 days of course. 80% refund for cancellation 60 to 31 days prior to course.

Please attach the following and return it with your registration:

- a copy of a current state Chiropractic License
- the Declaration page of your current Malpractice Insurance
- the Information, Disclosure, Consent and Waiver Form attached to the Registration Form

Please mail or fax this form to the address at the top of this form.