



## M.C.M.T. Registration Form

To register (4 different options):

- Register on line at: [www.handsonseminars.com](http://www.handsonseminars.com)
- Fax registration form to: 1-212-246-4050
- Mail to: Hands-On Seminars, Inc. 32-70 31<sup>st</sup> Street, Astoria, New York 11106
- Call 1-888-767-5003

**PLEASE PRINT** the following information:

Name and Profession: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Which of the following courses have you taken in the past? Please circle all that apply:

- PT-01 An Intensive Training on Trigger Point, MyoFascial & Proprioceptive Therapy
- PT-02 A Comprehensive Manual Therapy Approach for Cervical Spine Pathology
- PT-03 A Comprehensive Manual Therapy Approach for Lumbar Spine Pathology
- PT-04 A Comprehensive Manual Therapy Approach for Shoulder, Elbow and Hand Pathology
- PT-05 A Comprehensive Manual Therapy Approach for Hip, Knee and Foot Pathology
- PT-MCMT Mastery Certification in Manual Therapy
- Other (Please specify) \_\_\_\_\_

Return back to us the completed exam along with the administrative fee (\$90.00).

### Method of payment:

Check Make Checks Payable to: **HANDS ON SEMINARS, INC.**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_