

**Continuing Education Registration Form**  
**PLEASE REGISTER ME FOR THE FOLLOWING COURSE:**

- Webinar (W1) / (fill in webinar title here)  
\$25 APTA members / \$75 Non-members
- Braking Bad (M6) / Virtual / October 27, 2020 (Early Registration Ends October 13)  
\$225 APTA members / \$300 Non-members
- PT Pain Summit (M12) / Virtual / November 7, 2020 (Early Registration Ends October 24)  
\$225 APTA members / \$300 Non-members
- Movement System Impairment Syndromes of the Cervical Spine and Shoulder (M10) / Virtual / November 7-8, 2020 (Early Registration Ends October 24)  
\$225 APTA members / \$300 Non-members
- Linked: Breathing and Postural Control (M8) / Virtual / November 13-14, 2020 (Early Registration Ends October 31)  
\$225 APTA members / \$300 Non-members

**PRINT OR TYPE and mail or fax completed registration form with payment at least two weeks prior to start of course to:  
CPTA, 1990 Del Paso, Sacramento, CA 95834  
Fax: (916) 646-5960**

*Cancellation requests must be received in writing. Full refund less 20% if cancellation is received 14 days before the course date.*  
**NO REFUNDS WILL BE MADE WITHIN 14 DAYS OF THE COURSE.**

Full Name \_\_\_\_\_ APTA Member No. \_\_\_\_\_

Preferred First Name on Badge \_\_\_\_\_

Physical Therapist  Physical Therapist Assistant  Student  Other \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail (this will be used for all communications from CPTA) \_\_\_\_\_

Employer's Name \_\_\_\_\_

\$ \_\_\_\_\_ Registration Fee

\$ \_\_\_\_\_ \$100 Late\* Registration Fee

\$ \_\_\_\_\_ CAL PT FUND Donation

\$ \_\_\_\_\_ CAL PT PAC Donation

\$ \_\_\_\_\_ Total Payment

Face-to-face courses: Please register at least two weeks prior to the start of the course. Add \$100 per person for late registration for face-to-face courses. Space and resources may be limited or restricted. (Not applicable to webinars.)

Card Type  Visa  MasterCard  American Express  Discover

Card No. \_\_\_\_\_ Exp \_\_\_\_\_ CVC# \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Print Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*Late registration is typically within 14 days from the start of the course, unless otherwise noted.**