

DRY NEEDLING INSTITUTE, LLC

50 W EDMONSTON DR STE 602, ROCKVILLE, MD 20852

301-444-4890 FAX 301-444-4893

DRY NEEDLING CERTIFICATION REGISTRATION

NAME (as you would like on certificate)	
COMPANY NAME (if applicable)	
ADDRESS	
ADDRESS 2	
CITY	STATE, ZIP
EMAIL	
OFFICE PHONE	CELL PHONE
PROFESSION / SPECIALTY	
LICENSED IN WHAT STATE(S)	
LICENSE NUMBER(S)	
CTCHIRO ASSOCIATION MEMBER YES NO	

SEMINAR AT: Hilton Garden Inn Hartford South

SEMINAR DATE: June 8-9, 2019

85 Glastonbury Blvd, Glastonbury, CT 06033 PH: 860-659-1025

CERTIFICATION PRICE: \$1500

PAYMENT TYPE (Circle) CHECK VISA MASTERCARD AMEX DISCOVER					
CARDHOLDER NAME					
CHECK/CARD NUMBER					
EXPIRATION DATE				CVV NUMBER	
BILLING ADDRESS (if different from above)					
SIGNATURE				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: Copy of Current State Professional License

Declaration Page of Current Malpractice Insurance

Please **email** to dryneedlinginstitute@gmail.com or **fax** to 301-444-4893.