



Spinal Manipulation Institute

American Academy of Manipulative Therapy™



Learn from the experts.

REGISTRATION FORM

Email: seminars@spinalmanipulation.org
Website: www.spinalmanipulation.org

MAIL TO:

Dr. James Dunning
Spinal Manipulation Institute
2075 Browning Ave
Salt Lake City, UT 84108

Name: _____ Credentials/License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please register me for the following:

Part I: High-Velocity Low-Amplitude Thrust Manipulation of the Cervical, Thoracic, Lumbar & SI Joints

15 Contact Hours —Tuition: \$560 Early Bird Registration* - \$595 Regular Registration**

Location: _____ Date: _____

Part II: Cervicothoracic Dysfunction & Cervicogenic Headaches: Diagnosis & Management with HVLA Thrust Manipulation & Exercise

15 Contact Hours —Tuition: \$595 Early Bird Registration* - \$630 Regular Registration**

Location: _____ Date: _____

Part III: Lumbar and Sacroiliac Dysfunction: Diagnosis & Management with HVLAT Manipulation & Exercise

15 Contact Hours —Tuition: \$595 Early Bird Registration* - \$630 Regular Registration**

Location: _____ Date: _____

Part IV: Certification in Spinal Manipulative Therapy (Cert. SMT): Comprehensive Review & Comprehensive Oral, Practical & Written Examination

15 Contact Hours —Tuition: \$610 Early Bird Registration* - \$645 Regular Registration**

Location: _____ Date: _____

* 20 days before start date of course; ** Less than 20 days until course start date

Send this along with full payment by check or credit card to the above address. A confirmation letter and receipt will be sent via email; this will contain further course details, the location, directions and hotel information. Course payments can be transferred or fully refunded with 3 weeks written notice; notice received after this time subject to 50% transfer refund. No refunds or transfers will be issued after the seminar begins.

METHOD OF PAYMENT

_____ Check or Money Order Enclosed (Make check payable to: Spinal Manipulation Institute)

Charge my _____ VISA _____ MC _____ AMEX

Card # _____ Expiration date: _____ Security Code: _____ Amount: \$ _____

Name on card: _____ Signature: _____