



# Spinal Manipulation Institute

American Academy of Manipulative Therapy™



*Learn from the experts.*

## Registration Form

### Mail to:

Dr. James Dunning  
Spinal Manipulation Institute®  
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Montgomery, AL 36117  
Email: [seminars@spinalmanipulation.org](mailto:seminars@spinalmanipulation.org)  
Website: [www.spinalmanipulation.org](http://www.spinalmanipulation.org)

Name: \_\_\_\_\_

Credentials/License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please register me for the following:

### **High Velocity Low-Amplitude Thrust Manipulation of the Spine, Pelvis, & Thorax**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**15 Contact Hours — Tuition \$525 (Early Bird Registration - 20 days before start date of course) \$560 (Regular Registration--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: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Name on card: \_\_\_\_\_

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