

Objective, Standardized Tests Predictive of Amputee Functional Levels and Appropriate Componentry

JUNE 30, 2018 | QUALITY INN, EXIT 4 | CLARKSVILLE, TN 37040

Attendee Registration

Registration Fee: Early Bird rate of \$30.00 before June 20th. After June 20th regular registration fee is \$35.00. On site, day of, registration \$35.00. **Note: Space is limited for this event.**

Company Name: _____
Contact Person: _____
Phone: _____ Fax: _____ e-mail: _____
Address: _____
City: _____ State: _____ ZIP: _____

TPTA/KPTA Certification #	Name of Attendee (as you would want it to appear on name badge)	E-mail address (attendees individual e-mail address)	Fee

Total Number of Attendees: _____ @ \$ _____ each = \$ _____
(You may make as many copies of this form as you need to accommodate your registrants.)

Payment Options:

- **Checks:** Please make checks payable to: Restorative Health Services
1272 Garrison Drive, Suite 307
Murfreesboro, TN 37129
Attention: Lauren Vaughn
Phone-615-890-2160
Fax-615-890-2361

Online: www.rhs-tn.com
You will receive a confirmation once payment is made.

Credit Card: To send credit card payment in by fax:
Complete cardholder information and fax to: Fax-615-890-2361 or e-mail:
lvaughn@rhs-tn.com

Cardholder Information:

Cardholder's Name: _____ **Type:** AMEX, MC or VISA
(as it appears on credit card) (circle one)

Address: _____ **Credit Card #:** _____

City, State, Zip: _____ **Expiration Date:** _____

Signature: _____ **Security Code:** _____

(3 digit # on back of card for Visa and MC; for AMEX,
4 digit # on front of card above the credit card #.)

Restorative Health Services is authorized to charge my credit card as
Instructed.

Registration is not confirmed until payment received.