

Registration Form

2008 Clinical Updates and Practice Issues:

Friday, July 25th

8:00 am to 4:00 pm

Registration Fee: **\$50** for MU alumni and clinical instructors (includes lunch).

\$150 for community participants.

\$25 for Lunch program only

Check made out to:

Marquette University

Mail to: Marquette University
Department of Physical Therapy
346 Schroeder Health Complex
P.O. Box 1881
Milwaukee, WI 53201

Name _____

MU Class of _____ Profession _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email (to receive confirmation and directions. Address will not be shared)

For Clinical Instructors: Name of most recent student. _____

Cancellation: Due to the low cost of this event, no refunds will be given. Substitutions of persons attending is permitted. Please call with name. Marquette University reserves the right to cancel this seminar and will refund tuition in full in such an event.