

# REGISTRATION FORM: The Fascial Connection To Restore Movement

**Location:** Toronto, ON

**Date:** December 2-3, 2017

**Early Bird price:** \$695 + HST (**\$785.35** including HST) - before 10/21/2017

**Standard price:** \$770 + HST (**\$870.10** including HST) - after 10/22/2017

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

Employer: \_\_\_\_\_

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

(Street) \_\_\_\_\_ (City)

(Postal code) \_\_\_\_\_ (Province)

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

Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Credit card:  MC  VISA **(a 3% surcharge will be added if paying by credit card)**

Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CEC (3-digit # on back of card): \_\_\_\_\_

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

If paying by cheque, please make cheque payable to Pelvic Health Solutions and mail to:

Pelvic Health Solutions  
31 Dairy Lane, Unit 307 / Huntsville, ON / P1H 2L7  
Fax: 888-653-4533 / Email: info@pelvichealthsolutions.ca

\*For post-dated cheques, please make sure the date is at least 1 month prior to the course\*

We reserve the right to change a course location if required  
Please visit our website to view our course policies



**AUDIO FILE LICENSE AGREEMENT**

**As part of the course material, you will be receiving an audio file which you can distribute to your patients free of charge. This tool is not meant to be the only tool that you will use in your biopsychosocial toolkit, but it gives you some tools to start developing it.**

**TO:** *Guided Therapeutic Exercise (Hereafter referred to as G.T.E.)*

**RE:** License and Use of Audio Files

I, \_\_\_\_\_, hereby acknowledge and agree as follows:

1. G.T.E. has granted me permission to access and make available to my patients certain audio tracks, being Sitting Body Map 1, Sitting Body Map 2, Standing Body Map, Supine Body Map, Therapeutic Yoga Six-Pose and Therapeutic Yoga Three-Pose (collectively, “Tracks”), which Tracks may be sent electronically using Adobe Send and/or WeTransfer, or copied onto a CD for the patient’s use.
2. The license granted is a limited, non-transferable, non-exclusive right to use the Tracks within my scope of patient work and provide the Tracks to my patients for their personal use and treatment, and I acknowledge that I shall not at any time use the Tracks for any other purpose whatsoever, nor make the Tracks available to any other party, including other patients in my clinic unless a group license package has been purchased from G.T.E.
3. G.T.E. has developed and owns all right, title and interest in and to the Tracks (as may be amended from time to time), including all intellectual property rights in the Tracks and any and all related material and documentation, and I acquire no right whatsoever in the Tracks as a result of the license to use granted by G.T.E. A copyright acknowledgement, included at the beginning of each Track, is binding on any party that uses the Tracks, and I will ensure my patients are aware of the license being granted for their use of the Tracks, and will notify G.T.E. immediately if I become aware of any violation or breach of the terms of the use of the Tracks by any party.
4. This Agreement shall ensure to the benefit of my successors and assigns, and shall be governed by the laws of the Province of Ontario and laws of Canada, as applicable.

**DATED** at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**Guided Therapeutic Exercise**

[www.guidedtherapeuticexercise.com](http://www.guidedtherapeuticexercise.com)

[guidedtherapeuticexercise@gmail.com](mailto:guidedtherapeuticexercise@gmail.com)

**1. Name of Therapist receiving the audio file:**

\_\_\_\_\_

**2. Signature:**

\_\_\_\_\_