

# REGISTRATION FORM: Therapeutic Neuroscience Education I: Teaching People About Pain

**Course Location:** Vaughan, ON  
**Date:** February 3-4, 2018  
**Early bird:** \$645 + HST (\$728.85 incl. HST)

**Open to all health care professionals**

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

Gender:  Female  Male

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): \_\_\_\_\_

Card holder name: \_\_\_\_\_

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](mailto: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



## LIABILITY WAIVER FORM

Course name: \_\_\_\_\_

Course date: \_\_\_\_\_

Registrants name: \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Bus) \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

### CONSENT AND WAIVER FORM:

This course contains lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Nelly Faghani and Carolyn Vandyken, as well as all employees of Pelvic Health Solutions, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)