

REGISTRATION FORM: Dermoneuromodulation November 2018

Location: Vaughan, ON

Date: November 15-18, 2018

Hours: Thursday: 5pm - 8pm / Friday: 8:30am - 5pm / Saturday: 8:30am - 5pm / Sunday: 8:30am - 5pm

Early bird: \$525 + HST (**\$593.25** incl. HST) - before 10/04/2018

Standard rate: \$595 + HST (**\$672.35** incl. HST) - after 10/04/2018

Name: _____

Gender: Female Male Willing to pair with opposite sex partner Yes No

Healthcare Profession: _____

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
PO Box 22065 Big Bay Point / Barrie, ON / L4N 0Z5
Fax: 888-653-4533 / Email: info@pelvichealthsolutions.ca

If paying by cheque, 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. 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)