



**American
Society of
Shoulder and
Elbow
Therapists**



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Registration Form:

Evidence-Based Rehabilitation Following Rotator Cuff Repair
Presented by the American Society of Shoulder and Elbow Therapists (ASSET)
May 15, 2010 at Brigham & Women's Hospital, Boston, MA

Name (as you would like it on your certificate): _____

___ PT ___ PTA ___ OT ___ COTA ___ ATC ___ other: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Please make checks payable to: **ASSET**

Course fee is \$200.00

Group discount. If 8 or more individuals register together fee per attendee is \$170.00 per person. All registrations must be received together by mail.

Mail to:

American Society of Shoulder and Elbow Therapists
c/o Sports Physical Therapy Section, APTA
201 South Capitol Avenue, Suite 480
Indianapolis, IN 46225

Questions: Phone: (212) 613-6232 or email: ASSET.USA@verizon.net

Cancellation Policy: If you choose to cancel before 4/20/09, you will receive a full refund. After 4/20/09 you will be charged a \$30.00 processing fee. No refunds will be given after 5/1/09.

Full course details available at http://www.asset-usa.org/CEU_Conference.html

