



2020 Course Registration Form

Please check one:

- PT PTA
- Student PT
- Student PTA

First Name, Middle Initial, Last Name	APTA Member No.	Nickname for Name Tag
Daytime Phone Number	E-Mail Address	
Address	City/State/Zip	
Company or Educational Institute		
Emergency Contact (First and Last Name)	Emergency Contact Phone Number	

CORPORATE MEMBERS ONLY (IF REGISTERING THROUGH THE ACADEMY CORPORATE DISCOUNT PROGRAM)

Facility Name	Contact Name
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COURSE SELECTION

Course: _____ \$ _____

Course: _____ \$ _____

Course: _____ \$ _____

Course: _____ \$ _____

Course: _____ \$ _____

Course: _____ \$ _____

CANCELLATIONS, REFUNDS, TRANSFERS

This cancellation policy applies to all elements of the course.

Please visit <https://aptapelvichealth.org/education/cancellation/> to read the terms of our cancellation policy, transfer fees and cancellation fees.

PROMO CODES AND SCHOLARSHIPS

The Academy offers seasonal, holiday and year-round promotions and scholarship opportunities. To view our list of currently available scholarships and discounts, please visit our website: <https://aptapelvichealth.org/education/discounts/>. Once you are registered, we **cannot** adjust your rate or make adjustments to past registrations you've made, it is your responsibility to register online or submit your registration application on time and include your promo code. We encourage you to check the above link for new discounts.

- Discount codes cannot be combined, split or transferred and can only be applied to existing courses that are open for registration.
- If you are a Student Academy member and register online, you will automatically get \$75-100 off your registration. If you are registering via this PDF application, please ensure you mark that you are a student in the top right corner. If you are a Student non-Academy member, please attach your unofficial student transcript to your registration form when faxing/mailling. We verify the student status of all Student non-Academy members before applying the student discount.

SOURCE

How did you find out about the Academy education offering(s)? (please select one source)

- Academy Website
- Academy E-mail
- Academy Newsletter
- Facebook
- Twitter
- Your Employer
- The Journal of Women's Health Physical Therapy (JWHPT)
- Academy Member/Volunteer
- APTA
- Event Flyer
- Other: _____

PURCHASE CONFIRMATION

Your registration is not guaranteed until the office receives and processes your registration payment and you receive a purchase confirmation e-mail. Please keep in mind that if you choose to mail your forms, your desired course(s) may sell out while your form was still en route to the Academy Office. It is the registrant's responsibility to add enough time padding so that the Academy Office can receive and process your application before the course(s) sell out or the discount code expires. If the registration form is received after the course sells out, your name will be added to the wait list for the course and you will be contacted if a spot becomes available. The Academy Office cannot hold a course spot without a valid method of payment. If you do not receive a purchase confirmation 7 business days after you mailed it out, please **contact us at hello@aptapelvichealth.org** to follow up on your registration to ensure we have received it.

TERMS & CONDITIONS

By registering for this course or course(s), you have read, understood and agree to the Academy of Pelvic Health Physical Therapy's course registration and participation terms. Please read the Academy terms and conditions for your respective course(s) prior to submitting your registration form: <https://aptapelvichealth.org/education/terms>.

METHOD OF PAYMENT: Mail or scan this form to kalki@aptapelvichealth.org

Full payment must accompany your registration form. Mail this form with credit card information or check (made payable to Academy of Pelvic Health Physical Therapy) to: **Industrious, c/o Academy of Pelvic Health Physical Therapy, 4201 Wilson Boulevard, Suite 300, Arlington, VA 22203**. The Academy reserves the right to charge the correct amount. Inactive members will be charged the nonmember fee. A purchase confirmation will be emailed to the registrant once we process the registration form.

My Total: \$ _____ Circle One: Check Visa MasterCard Discover AMEX

This is a (circle one):
 Personal card Corporate card

Card # _____ Exp Date: _____ CVV: _____

Cardholders Name (PRINT) _____

Billing Address: _____

Cardholder's Signature: _____

TOTAL

Registrations: \$ _____

Promo Code: _____

My Total: \$ _____