

“FOCUS ON FLEXIBILITY 2”

The Spine

Registration Form

Please print out this form, complete it, and mail or fax it with payment to the above address:

SIGN ME UP FOR ALL EIGHT WORKSHOPS FOR \$250.00
OR

Sign me up for the following classes:

SATURDAY APRIL 8 SCHEDULE

- 001** Functional Anatomy and Exercise Biomechanics of the Vertebral Column
- 002** Flexibility Testing of the Vertebral Column
- 003** Assisted Stretching of the Vertebral Column
- 004** Post-rehab Exercise Guidelines for Back Injuries and Conditions

SUNDAY APRIL 9 SCHEDULE

- 005** Introduction to Self-Myofascial Release
- 006** Training Older Adults
- 007** Spinal Stabilization with Balls, Bands and Balance Apparatus
- 008** Training Clients with Neurological Conditions

_____ **(# OF CLASSES) X \$36 = \$** _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt.#: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____ Certifications: _____

Method of Payment:

Make Check/Money Order (US Funds) payable to: **Swedish Institute**
OR

Charge Tuition to (circle one):

Visa Mastercard American Express Discover

Card #: _____ Expiration Date: _____ Amount: _____

Signature: _____ Today's Date: _____

See our website for refund and cancellation policies.
Call Continuing Education Department at 212-924-5900 x143 for more info or to register by phone.
Each of the above workshops is approved for .02 ceu's by the following organizations.

