

Comprehensive Movement Training for the Orthopedic Practitioner

Certified Orthopedic Movement Specialist 2-Year Program

Course City: _____ State: _____ Date: _____

Application Process:

Please submit 1-2 page application letter to

Gordon@MovementSeminars.com or

Julie@MovementSeminars.com

Registration Fee:

Segment tuition \$465

Non-refundable deposit \$100

(applied to last segment tuition)

I would like to order:

- “Outsmarting Low Back Pain”**
(Manual & 2 DVDs), (\$89.95)
- “A Manual Therapist’s Guide to Movement”**
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Register Today!



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Mail: Send form and payment to:

Therapeutic Movement Seminars

24504 SE 246th Street, Maple Valley, WA 98038

Name 1 (as appears on certificate) _____ Profession _____

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