

# Tai Chi & Yoga as Rehabilitative Exercise

## Applications to Spine, Ortho & Seniors

Course City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

### Registration Fees:

Single Registrant \$425  
2 to 4\*\* \$405  
5 or more\*\* \$370

\*\*Price per person when registering at the same time.  
Please call if paying separately.

I would like to order:

- Course Videos**, (\$59.95)
- Outsmarting Low Back Pain**  
(Manual & 2 DVDs), (\$89.95)
- A Manual Therapist's Guide to Movement**  
(Book & 14 CDs), (\$179.95)

### Register Today!



**Online:**  
MovementSeminars.com



**Phone:** 206.930.9204



**Mail:** Send form and payment to:  
Therapeutic Movement Seminars  
290 Burke Drive  
Camano Island, WA 98282

Name 1 (as appears on certificate) \_\_\_\_\_ Profession \_\_\_\_\_

Name 2 (as appears on certificate) \_\_\_\_\_ Profession \_\_\_\_\_

Name 3 (as appears on certificate) \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax (for confirmation) \_\_\_\_\_

Email Address (for confirmation) \_\_\_\_\_

### Method of Payment:

Check Enclosed (payable to Therapeutic Movement Seminars)

Amount: \$ \_\_\_\_\_  Credit Card:  Visa  MC  Discover  AmEx

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Statement Address (if different) \_\_\_\_\_

Authorized Signature \_\_\_\_\_