

General Information

Date_____

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

Profession/Specialty:_____

I am licensed in the state of:_____ License#:_____

Address:_____

City:_____ State:_____ Zip/postal code:_____

Country:_____ E-mail address:_____

Cell phone:_____ Home phone:_____

I have special needs and will contact ATPS to discuss them. 773-628-7654
(our building has and elevator and is ADA compliant)

How did you hear about our seminar program?_____

We can register you over the phone or mail all registration forms with Payment to:

Advanced Trigger Point Seminars

6304 N Nagle ave

Suite # 3

Chicago, IL 60646

773-628-7654

www.ChicagoTriggerPointCenter.com

FOR OFFICE USE ONLY	
Payment Rcvd? Y/N	
Check #_____	Credit Card?_____
Date Rcvd: _____	Amount:_____
Initials:_____	

ATPS REGISTRATION FOR TRIGGER POINT THERPAIST TRAINING PROGRAM (140 CE'S)

Module Selections	Full Price	Discount	Savings	Cost	Payments
<input type="checkbox"/> Plan A 140 CE's (1 payment/Pay in Full)	\$3,735	30%	\$1,120.50	\$2,614.50	\$2,614.50
<input type="checkbox"/> Plan B 140 CE's (2 Payments)	\$3,735	25%	\$933.75	\$2,801.25	\$1400.63 in advanced and \$1400.63 after 70 CE's have been completed
<input type="checkbox"/> Plan C 140 CE's (pay per month)	\$3,735	0%	\$0.00	\$3,735.00	Pay \$373.50 per month for 10 months

Credit card payment required for monthly payment plan.

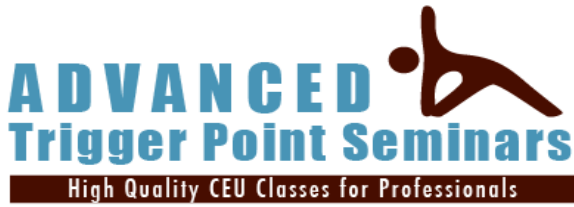
Class Description	Date of Class	CE's	Individual Class Price
<input type="checkbox"/> Advanced Trigger Point Techniques for Head, Neck and Jaw	January 9th & 10th, 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for Shoulder, Chest and Upper Back	February 13th & 14th, 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for the Arm, Elbow, Wrist and Hand	March 12th & 13th, 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for Sports Injuries Upper Body	April 9, 2016	7	\$185
<input type="checkbox"/> Advanced Trigger Point Techniques for Sports Injuries Lower Body	April 10, 2016	7	\$185
<input type="checkbox"/> Advanced Range of Motion Assessment Upper Body	May 14, 2016	7	\$185
<input type="checkbox"/> Advanced Range of Motion Assessment Lower Body	May 15, 2016	7	\$185
<input type="checkbox"/> Advanced Perpetuating Factors of Muscle Pain and Dysfunction	June 11th & 12th, 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for Thigh, Knee, Lower Leg and Foot	July 9th & 10th, 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for Low Back, Mid Back and Abdominal	August 13th & 14th, or November 12th & 13th 2016	14	\$375
<input type="checkbox"/> Advanced Trigger Point Techniques for Buttocks and Hip	September 10th & 11th, 2016	14	\$375
<input type="checkbox"/> Foundations of Trigger Point Techniques	October 8, 2016	7	\$185
<input type="checkbox"/> Business Concepts for Myofascial Trigger Point Therapy	October 9, 2016	7	\$185

(full description of all classes are on our website) www.ChicagoTriggerPointCenter.com

Student Name: _____

Total

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Check or Credit Card Payment

Check (from a U.S. bank), *Payable to ATPS*

Please note: your registration will only be confirmed once we receive your check in the mail.

Send it to Advanced Trigger Point Seminars: 6304 N. Nagle Ave, Suite 3, Chicago, IL 60646

Credit Card:

Mastercard Visa Discover American Express

Name (as it appears on the card): _____

Credit Card Number: _____ Expiration Date: _____

Billing Address (if different from information form)

Address: _____

City: _____ State: _____ Zip/postal code: _____

Signature: _____

By signing this document I am confirming that all the information above is accurate. I give Muscle Health LLC dba Advanced Trigger Point Seminars the permission to charge my credit card for classes indicated on the registration form. I am also giving Muscle Health LLC dba Advanced Trigger Point Seminars the permission to keep my credit card on file. Muscle Health LLC dba Advanced Trigger Point Seminars LLC does not at any point have the right to charge my credit card for anything other than what is indicated on the registration form.

For Option B: I understand that my credit card will be charged in prior to the start of the 70 CE's indicated on the registration form. Following the completion of 70 CE's my card will be charged in a prior to the start of the remaining 70 CE's indicated on the registration form. I understand all that has been stated and give Muscle Health LLC dba Advanced Trigger Point Seminars the permission to charge my credit card as well as keep my credit card information on file.

Initial _____

For Option C: I understand that my credit card will be charged on the 15th of every month for 10 months and I give Muscle Health LLC dba Advanced Trigger Point Seminars permission to do so as well as keep my credit card information on file.

Initial _____