

REGISTRATION FORM

Clementine Carder Therapy

Occupational and Massage Therapy
Specializing in the Washburn Technique and Kinesio Taping®



IT'S TIME TO STOP THE PAIN
Non Surgical Intervention
of Carpal Tunnel &
Other Pain Syndromes

Time to
STOP the **PAIN**

Workshop Date and Location

Workshop Fee: \$385.00

Name / Profession: OT OTA PT PTA MT

Address

Street/ P.O. Box

City, State

Zip Code

Phone

Home _____

Fax _____

Cell _____

Email _____

Enclosed is my check payable to:

C. Carder PC
P O Box 461
Peotone, Illinois 60468

708-258-9004
Fixinghands@sbcglobal.net or
Clem@ClemCarderTherapy.com
www.clemcardertherapy.com

C. Carder P C reserves the right to cancel any program and will refund the full registration fee only.
C. Carder is not responsible for airfare or reservation expenses or other incurred expenses.

Please sign:

I _____ have read and understand the cancellation policy regarding refunds.