

MCMT Registration Form

- Register on line at: www.HandsOnSeminars.com
- Fax registration form to: 1-212-246-4050
- Mail your registration to: Hands-On Seminars, Inc. 32-70 31st Street, Astoria, New York 11106
- Call us: 1-888-767-5003

PLEASE PRINT the following information:

Name and Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Which of the following courses, IF ANY, have you taken in the past? (Please circle all that apply)

- **PT-01 An Intensive Training on Trigger Point, MyoFascial & Proprioceptive Therapy**
- **PT-02 A Comprehensive Manual Therapy Approach for Cervical Spine Pathology**
- **PT-03 A Comprehensive Manual Therapy Approach for Lumbar Spine Pathology**
- **PT-04 A Comprehensive Manual Therapy Approach for Shoulder, Elbow and Hand Pathology**
- **PT-05 A Comprehensive Manual Therapy Approach for Hip, Knee and Foot Pathology**

Other (Please specify) _____

Only for the PT-01 through PT-05 courses circled above please verify that the completed MCMT Assignment along with the administrative fee (\$90.00) has been submitted to Hands-On Seminars. The assignments are required for completion of the MCMT program.

Method of payment:

Make Checks Payable to: **HANDS ON SEMINARS, INC.**

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____