

NPTE Workshop for Educators Group Registration Form

Note: This form may also be used by individuals who are paying by certified or corporate check.

Workshop: February 20-21, 2018

Name of Program: _____ **Check one:** PT Program PTA Program

Address: _____ **City, State, Zip:** _____

Registrants: (Please check all categories that apply.)

Name	Email Address	Phone:	Adminis- trator	ACCE	Adjunct Faculty	Clinical Instructor	Faculty

Registration Fee: \$395.00 X _____ (No. of registrations) = \$ _____

Payment Instructions: If paying by certified or corporate check or money order, please attach payment to this registration form and mail in. If paying by credit card, please fill out the following information and email this form to facultyworkshop@fsbpt.org or fax it to 800-981-3031.

How would you like to pay?

- Credit Card (MasterCard or Visa)
- Certified or Corporate Check
- Money Order

Name on card: _____

Number: _____

Exp. Date: _____

If paying by Credit Card:

- MasterCard Visa

Signature: _____

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