

# About Muscles Registration Form:

(Please complete in CAPS)

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel Wk: \_\_\_\_\_

Tel H: \_\_\_\_\_

Cell: \_\_\_\_\_

Company Represented: \_\_\_\_\_

Email: \_\_\_\_\_

---

---

## Registration fee

Full 2.5 days – \$420

Friday afternoon only – \$100

Saturday only – \$220

Sunday only – \$220

---

---

**Course includes a catered lunch,  
morning and afternoon coffee.**

---

---

## Send registration and payment to:

Course Coordinator

Alycia Markowski, DPT, MPhyS(Manip), FAAOMPT

Associate Clinical Professor

Northeastern University

6 Robinson Hall

Northeastern University

310 Huntington Ave.

Boston MA 02116

Make Checks payable to: *Joanne Bullock-Saxton*