

ADVANCED PEDORTHIC CE COURSE

December 10 & 11, 2016
Spokane Falls Community College

Badge Information

First Name: _____ Last Name: _____

Job Title: _____

Company/Organization: _____

Registration Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: _____ Cell Phone: _____

Date of Birth: _____ Last Four (4) Digits of Your SS#: _____

Email Address: _____

Verify Email Address: _____

(Must provide YOUR email address to receive registration confirmation)

An email confirmation of this registration will be sent to the registrant entered on this form. If you would like a copy of the confirmation receipt mailed to someone else as well, please enter that email address below.

Additional Email:

Participant Information

Special accommodations required? Yes No

What is needed? _____

From what O&P college did you graduate? _____

In what year did you graduate? _____

How many years have you been in your profession? 0-5 6-10 11-20 21+

How did you learn about the Pedorthic CE Course? _____

ADVANCED PEDORTHIC CE COURSE

December 10 & 11, 2016
Spokane Falls Community College

Payment Information

Registration fees include parking, morning and afternoon refreshments, lunch each day

Registration Fee: \$550.00 Early Registration (Until November 30, 2016)
\$650.00 Late Registration (December 1 to December 10th)

SPECIAL: If more than one employee from your practice or company is attending the course, the registration fee for each person is reduced by \$25 with a limit of three (3) persons. Please list below the names of the persons from your practice who will be attending the Advanced Pedorthics CE Course.

Credit Card Payment: If you prefer not to list credit card numbers on this form, please complete the information required, and call Ruthie Dearing at (509) 533-3231 to provide the credit card number and expiration date.

Cardholder Name: _____

Billing Address: _____

Billing City: _____ Billing State: _____

Billing Zip: _____ Telephone Number: _____

Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

CVV Code: * _____

* To prevent fraud, Visa and MasterCard use encrypted codes called CVV/CVC codes. The Visa and MasterCard 3-digit CVV/CVC codes are printed on the upper right corner of the signature strip on the back of your credit card.

Email or Fax Registration Form to:

Ruthie Dearing
email : ruthie.dearing@sfcc.spokane.edu
fax: 509-533-4143

ADVANCED PEDORTHIC CE COURSE

**December 10 & 11, 2016
Spokane Falls Community College**

Check Payment:

Please make the check out to:

Community Colleges of Spokane (CCS)

Mail the Registration Form and check to:

Ruthie Dearing, Program Manager

O&P Technology Programs

3410 W. Fort George Wright Drive MS 3190

Spokane, WA 99224

THANK YOU