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Registration Form Active Isolated Stretching Spring Workshop Series

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email: _____ Circle: Massage Therapist / Personal Trainer

Please indicate your workshop(s):

Integrated Flexibility & Strength Protocols for the Lower Body September 17-18, 2011

Integrated Flexibility & Strength Protocols for the Neck & Shoulder October 15-16, 2011

Integrated Flexibility & Strength Protocols for the Core & Extremities November 12-13, 2011

Registration fee: **\$345**

Package Discount: **\$300** each if you register for two or more workshops

Circle Payment form: MC / Visa / Chk CC# _____

Exp Date: _____ CVC# _____

Signature: _____

Checks made payable to:

*Mail check & completed registration
within 2 weeks of the workshop to:*

Jeffrey P. Haggquist, DO, PLLC

QuistMD-The Flexibility, Sports & Rehab Clinic
5506 Connecticut Avenue, NW, Suite 27
Washington, DC 20015

Registration can also be faxed: **202-244-7432**

This course has been approved for:

- ❖ 16 CE hours National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
- ❖ 1.6 CEUs National Academy of Sports Medicine (NASM)
- ❖ 1.6 CEUs American Council on Exercise (ACE)

