



**Pediatric Physical Therapy Specialists**

Pediatric Physical Therapy  
Specialists, Inc.  
2125 Avalon Cove Ct.  
Fenton, MO 63026

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Website: [www.peds-pt.com](http://www.peds-pt.com)

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## REGISTRATION FORM

### CEREBRAL PALSY AND GAIT: AN UPDATE AND CLINICAL SUGGESTIONS

Individual Early: \$325  
 Group (3+): \$295

Individual Late: \$350  
Group Name: \_\_\_\_\_

Course City and Date: \_\_\_\_\_

Please TYPE or PRINT your name as you would like it to appear on the continuing education certificate

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

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

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

E-Mail: \_\_\_\_\_

PT  PTA License Number: \_\_\_\_\_

#### Credit Card Information

Type:  MasterCard  Visa  American Express  Discover

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

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**Complete this form and FAX to 314-395-0514**  
**For more information contact PPTS at 314-808-8108**

Seating is limited. Please register early to guarantee enrollment. All registrants will receive a course information packet and confirmation within 5 business days of receipt of payment.  
**Refunds/Cancellation Policy:** Pediatric Physical Therapy Specialists, Inc. reserves the right to change the location or cancel the course at any time with a full refund of the course tuition only. PPTS will not be responsible for any other expenses incurred by registrants. Refunds for cancellations must be submitted in writing and postmarked 14 days prior to the course date and will incur a \$25 processing fee. No refunds will be issued for cancellations postmarked after 14 days prior to the course date.