

**Manual Therapy of the Lumbar Spine and Pelvis: Featuring HVLA
Mobilization Techniques
Registration Form**

Name: _____

(Please print clearly; this will be the name as it appears on your completion certificate)

Address: _____

Email: _____

Phone Number: _____

Place of Employment: _____

State of Licensure: _____

Please mail registration form with payment to
Coordinated Health
Attn: Dawn Daye
2030 Highland Ave
Bethlehem, PA 18020

Checks should be made out to “Coordinated Health”
Memo: “L-spine Mobilization Course”