

**Current Concepts of Lumbo-Pelvic Stabilization Based on
Impairments and Movement Dysfunction**

Registration Form

Date of course attending: _____

Name: _____

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

Address: _____

Email: _____

Phone Number: _____

Place of Employment: _____

Profession: _____

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: “Lumbo-Pelvic Stabilization Course”