



REGISTRATION FORM

AAMA EDUCATION WORKSHOPS

Please Print:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

AAMA Member ID # _____

Register me for New Frontiers in the Matrix of Neuromusculoskeletal Pain: Integrating Pain Mechanisms with Objective Physical findings and Needling Strategies:

November 17-18 _____
Phoenix, Arizona

Full and Associate members of AAMA:

_____ \$450 by October 16
_____ \$500 after October 16

Other members and non-members:

_____ \$500 by October 16
_____ \$550 after October 16

Please indicate how you learned about this Workshop:

___ Email notice ___ Academy website ___ Newsletter
___ Word of Mouth ___ Other. Describe: _____

All registrations must be prepaid. Provide full information for credit card charges

___ Check Enclosed

Charge my _____ VISA _____ MASTERCARD CARD # _____

Date Card Expires _____ Print Name on Card _____

Authorizing Signature _____

***Cancellation Policy: Written cancellations received more than 2 weeks prior to the event will be assessed a \$50 cancellation fee. Written cancellations received less than 2 weeks prior to the scheduled event will be assessed a \$150 cancellation fee.