



Healthcare is in your hands

American Medical Massage Association



SEMINAR REGISTRATION FORM

NAME: _____ MEMBER #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Day) _____ (Evening) _____

EMAIL: _____

- * All seminars are from 9:00am to 4:00pm unless otherwise noted
*The fee for all Seminars: \$100 for Members; \$125 for Non-Members, unless otherwise noted
*All deadlines are one week prior to the seminar date.
*Please call for physical address locations: 888-375-7245

6 CEU Seminars

Please check which seminars you will be attending:

- February 2, 2008 Back and Hips Troy
February 9, 2008 Stretching for Joint Health, ROM and muscle flexibility South Bend
February 16, 2008 Fibromyalgia/ Chronic Fatigue Traverse City
February 23, 2008 Making Herbal Self Care Products + \$20.00 for product cost Grand Rapids
March 1, 2008 TMJ Grand Rapids
March 8, 2008 Sports Massage South Bend
March 15, 2008 Restoring Healthy Movement Kalamazoo
March 22, 2008 Spinal Techniques: From Cervical to Sacral Traverse City, MI
April 5, 2008 Lymphedema South Bend
April 26, 2008 Acupressure: Emotional Balancing Grand Rapids
May 10, 2008 Swedish Massage for the MMT Troy
June 7, 2008 Testing-Blood Pressure/heart Rate/Medical Terminology/ Charting Grand Rapids
June 14, 2008 Sports Massage Kalamazoo
July 12, 2008 Kinesio Tapping + \$20.00 for product cost Kalamazoo
July 19, 2008 Tai Chi Grand Rapids
July 26, 2008 Acupressure: Emotional Balancing Traverse City
August 2, 2008 TMJ Traverse City
August 9, 2008 Swedish Massage for the MMT Grand Rapids
August 16, 2008 Acupressure: Digestive Disorders Troy
September 6, 2008 Sports Massage Traverse City
September 13, 2008 Pandemic Preparedness Grand Rapids
October 18, 2008 Weight Management Eating Disorders Grand Rapids
November 8, 2008 Acupressure: Digestive Disorders Grand Rapids

You will receive confirmation of your registration.

Mail checks and money orders to: 801 W. Norton, Suite 420, Muskegon, MI 49441

Method of payment: [] Check [] Money Order [] Credit Card (circle one) MasterCard Visa Discover Amex

Print name as it appears on card: _____

Total Amount \$ [] Credit Card# []

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Signature: _____ Date: _____

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