

Kinesio Taping® Seminar

KT1, KT2, & KT3

Authorized by Kinesio® USA, LLC (Kinesio Taping Association)

Sponsored by Silva Chiropractic and Restoration Massage Therapy Center

Instructor: Jeffrey B. Lease, DC, CKTI,
ART, CRT
Certified Kinesio Taping Instructor

Date: KT1 & KT2 April 24-25th 8am-5pm
(8hrs + 1hr lunch)
KT3 May 22nd 8am-5pm (8hrs + 1hr lunch)

Location: Train for Life
17680 Butterfield Blvd
Morgan Hill, CA 95037

FEES:	Paid/Postmarked Before March 26th	Paid/Postmarked After March 26th
Regular	\$425	\$475
Only KT1 & KT2	\$321	\$371
Only KT3 (With KT3 book and supplies)	\$130	\$180
Only KT3 (bring your own KT3 book and supplies)	\$105	\$155
Students	\$325	\$375

Contact:

Shawn Silva, D.C. (408) 776-8608 drsilva@silvafamilychiropractic.com	Rowdy Hall, CMT (408) 776-8608 rowdyhall@gmail.com
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Please bring gym shorts, tank top, and sharp scissors

Registration:

1. By Fax

Please fax completed **registration** with **payment** (only valid credit cards will be accepted) for the full amount and signed **cancellation policy** to (408) 762-2012.

2. By Mail

Please mail completed **registration** with **payment** (only checks and valid credit cards will be accepted) for the full amount and signed **cancellation policy** to:

Silva Chiropractic
18525 Sutter Blvd, Suite 170
Morgan Hill, CA 95037

3. In Person

Please bring completed **registration** with **payment** (only checks and valid credit cards will be accepted) for the full amount and signed **cancellation policy** to the address above (Monday – Thursday 9am-6pm)

Kinesio Taping® Registration Form

KT1, KT2 & KT3
April 24-25th & May 22nd

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Professional License # _____ State _____

***Only PTs, OTs, ATCs, DCs, MDs, LaCs, MTs and RNs are eligible for Kinesio® certification courses**

Payment Options (Please Check One)

Discover Mastercard Visa

Check (Make Payable to Silva Chiropractic)

Account Number

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Exp. Date

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Security Code

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Amount Paid

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Signature _____ Date _____

My signature authorizes Silva Chiropractic to charge the full amount stated above in the "Amount Paid" box to the credit card information and number I have provided.

Kinesio Taping® Seminar Cancellation Policy

Every attempt is made to offer this program as publicized, however, Silva Chiropractic reserves the right to adjust program dates, location, times, topic(s), faculty, tuition, etc. in order to accommodate for unexpected occurrences and to cancel due to insufficient enrollment. We will only notify advanced registrants of any cancellation or program changes. Silva Chiropractic is not responsible for any expenses incurred by registrants due to adjustments or cancellations. A \$50 processing fee will be charged for any tuition refund when registrant provides written notice of cancellation at least (1) business day prior to the program date. After a program has been conducted as scheduled but the registrant did not attend or did not provide a cancellation notice, tuition is non-refundable. No partial refunds will be given for missed days.

By signing below, I, _____, acknowledge that I have read and agree with the above stated cancellation policy.

Signature _____ Date _____