

APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE/ ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

COMPANY NAME: _____

**SEMINAR FEE IS \$100 FOR TXRPC
MEMBERS AND FOR THERAPISTS.**

NON-TXRPC MEMBER RTS FEE IS \$150

PAYMENT TYPE:

VISA #: _____

EXP: _____

MASTERCARD#: _____

EXP: _____

CHECK (MADE OUT TO TXRPC)#: _____

*TOTAL PAYMENT AMOUNT: \$ _____

SIGNATURE: _____

FAX APPLICATIONS TO 866-326-8054, ATTN: ALEXIS

MAIL TO: TXRPC C/O REHAB IN MOTION
8666 HUEBNER RD. #200
SAN ANTONIO, TX 78240

***PLEASE NOTE THAT THE TOTAL PAYMENT AMOUNT WILL BE THE ENTIRE CHECK OR CC CHARGE AMOUNT. HOWEVER, EACH PERSON ATTENDING SHOULD FILL OUT AN APPLICATION TO ENSURE THAT THEY RECEIVE THE CEU'S OFFERED.**

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