

# REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

AOA #: \_\_\_\_\_ College/yr grad: \_\_\_\_\_

Are you a:   physician ( )   osteopathic student ( )  
                  intern ( )   resident ( )   (Check one)

I can bring \_\_\_\_\_ treatment table(s).

Course fee:   \$550 for physicians  
                  \$295 for interns and residents  
                  \$220 for osteopathic students

Anne L Wales Fund (501c 3)\* Tax Deductible  
Contribution \$25\_\_ \$50\_\_ \$100\_\_ Other \$\_\_

Please make checks payable to A.S.S.S.G.  
Send to: Andrew Goldman, D.O.,  
106 Upper Main Street, Suite A, Sharon, CT 06069  
Phone: (860) 364-5990 Fax: (860) 364-1366

## Scholarships

The Anne L. Wales, DO Fund (ALWF) awards competitive essay scholarships for this course and other selected courses to Osteopathic Medical students, Interns and Residents.

Request application and information with name and year of graduation at [mpburruanodo@aol.com](mailto:mpburruanodo@aol.com).

CANCELLATION POLICY: There will be a \$90.00 Fee for cancellations made up to 21 days prior to the course. Extenuating circumstances will be considered.