SHOULDER AND ELBOW UPDATE MAIL-IN REGISTRATION FORM

NAME	:		
ADDRESS	:		
CITY/STATE/ZIP	:		
DAYTIME PHONE	:		
EMAIL	:		
Confirmation will be sent by email only. Please set your inbox to accept email from eliterehabsolutions.com			
LICENSE TYPE	□ PT □ PTA □ OT □ COTA □ ATC □ PA □ Nurse □ Physician □ Other		
EXPERIENCE	□ 0–5 years □ 6-10 years □ 11-15 years □ 16-20 years □ 21-30 years □ >30 years		
SETTING	 ☐ Acute care hospital ☐ Inpatient Rehab/SNF ☐ Hospital Based Outpatient ☐ Private outpatient ☐ Home Care ☐ Other 		
WORKSHOPS: Please indicate your first, second, and third choices in order of preference for each session by placing the workshop number in the appropriate box. Space is limited and will be assigned in order of receipt of paid registration.			
	1 st Choice	2 nd Choice	3 rd Choice
Session 1			
Session 2			
Please check the appropriate registration box:			
Early registration (post marked on or before 10/4/2024)		Regular Registration (post marked on or after 10/4/2024	
☐ in person Shoulder and Elbow Update (\$425.00)		☐ in person Shoulder and	Elbow Update (\$475.00)
□ recorded Shoulder and Elbow Update (\$325.00)		□ recorded Shoulder and Elbow Update (\$375.00)	
Make Checks Payable to: Philadelphia Orthopedic and Sports Rehab Foundation			
Mail check and registration form to:			
Elite Rehabilitation Solutions 2820 Audubon Village Drive, #330 Audubon, PA 19403 For more information email: posrf@yahoo.com			