

## General Course Information

### o Location

Courses will either be held at Bellin Hospital Campus – Kresge Center, 3rd floor, 744 S. Webster Ave., Green Bay Wisconsin, the Ashwaubenon Campus, located at 1630 Commanche Ave., Green Bay or Bellevue Campus, located at 3263 Eaton Rd, Green Bay.

### o Cancellation Policy

If an insufficient number of participants register, Bellin Health Sports Medicine reserves the right to cancel a course up to 14 days prior with full refund. Bellin will not pay for any travel costs incurred by the participant if the class is cancelled. In case of inclement weather, a full refund will be provided if the course is cancelled and not rescheduled. If individuals cancel 28 days or more prior to the course, a full refund will be given. If individuals cancel less than 28 days prior to the course, a refund will be given minus an administrative fee of \$50 if course tuition is less than \$250, or \$100 if course tuition is more than \$250.

### o Questions

For more information on classes please visit our website [www.bellin.org](http://www.bellin.org) and click on “Appointments & Registration”, then “Therapy & Sports Medicine Continuing Education Series”. Contact Heidi Johnson, PT at: [hjkrau@bellin.org](mailto:hjkrau@bellin.org) or call (920) 430-4750.



Bellin Health Sports Medicine is recognized by the Board of Certification, Inc. to offer continuing education for Certified Athletic Trainers.

All courses have been submitted to the Wisconsin Physical Therapy Association for CEU approval.

## **Registration Form**

Please check program(s) registering for. If your program is not listed below please check the course description for registration information.

—~~“An Eclectic Approach to the Evaluation and Treatment of the Pelvis.”~~  
Date: February 11-13, 2011 ————— \$495 **COURSE FULL**

**“Align, Activate, Re -educate: Achieving Functional Outcomes with the Adult Neuro Patient using the NDT Approach”**  
Date: March 12-13, 2011 \$395

**“Current Concepts in the Evaluation and Treatment of Hip Disorders ”**  
Date: April 30-May 1, 2011 \$325

**“Examination and Treatment of Running Injuries ”**  
Date: November 12-13, 2011 \$375

Name (please print) \_\_\_\_\_

Credentials \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Employer \_\_\_\_\_

Course fee enclosed \$ \_\_\_\_\_

Credit Card Info: MasterCard Visa Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Above address is same as billing address?  Yes  No

If No, Credit Card billing address: \_\_\_\_\_

*Please make check payable to **Bellin Health Systems, Inc** . and return registration form and fees to: Heidi Johnson, PT, Bellin Health Sports Medicine, 1630 Commanche Ave, Green Bay WI 54304.*