

IAT Registration and Order Form
NEW HAMPSHIRE MASSAGE
Please Print

Name _____
Address _____
City _____ State _____
Zip _____
Phone # _____
E-mail address _____
NCBTMB or State # _____

Ethics (NCBTMB Requirement)	6 CE Hours	\$50.00	_____
HIV/AIDS Overview	1 CE Hours	\$12.00	_____
Infection Control	4 CE Hours	\$30.00	_____
OSHA Compliance	6 CE Hours	\$45.00	_____
Fibromyalgia	4 CE Hours	\$30.00	_____
Substance Abuse	4 CE Hours	\$30.00	_____
Sports Massage	12 CE Hours	\$98.00	_____
Neck Pain	12 CE Hours	\$98.00	_____
Low Back Pain	12 CE Hours	\$98.00	_____
Ethics	4 CE Hours	\$30.00	_____
Medical Errors	2 CE Hours	\$20.00	_____
HIV/AIDS	4 CE Hours	\$25.00	_____
Medical Language	2 CE Hours	\$20.00	_____
Practice Management	2 CE Hours	\$20.00	_____
Carpal Tunnel Syndrome	4 CE Hours	\$30.00	_____
Skin Pathology	6 CE Hours	\$45.00	_____
Hepatitis A, B & C	6 CE Hours	\$45.00	_____

*Fill in your special offer: _____
Courses Ordered \$ _____
Subtotal \$ _____
Shipping \$ 8.00
1st Class Priority Shipping & Handling
(Downloadable Courses Only,
Exclude Shipping and Handling)
TOTAL \$ _____

We gladly accept Credit Cards, Money Orders or Checks
Method of Payment: Credit Card__ Money Order__ Check__
Credit Card # _____
Card Expiration Date ____/____/____
Signature _____

Please print this form, fill out the information and fax or mail to:

The Institute for Advanced Therapeutics
P.O.Box 848512
Pembroke Pines, FL 33084
Tel: 954-441-9553 Fax: 954-432-1824

