

REGISTRATION FORM

GAIT & FOOT FUNCTION SEMINAR (\$99)

please register me for the following courses:

June 5 - 6, 2010
Register by April 30th

Tempe, AZ

November 6 - 7, 2010
Register by September 30th

New York, NY

Name : _____

Title : _____

Company/University : _____

Address : _____

City/State/Zip : _____

Phone : _____ Email : _____

If you currently utilize a Tekscan system, please specify which one:

Registration Fee: \$99

(Fee is refundable if cancellation received within 30 days of seminar)

Credit Card Payment (please check):

 MC Visa AMEX

CC# : _____ Expiration Date : _____

RETURN YOUR REGISTRATION BY:

- Fax: 617.464.4266
- Email: cnovak@tekscan.com
- Mail: 307 West First Street
South Boston, MA 02127
- Phone: 617.464.4500 x344

