



## Pelvic Girdle Assessment and Treatment

### REGISTRANT INFORMATION

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name & Title: \_\_\_\_\_  
(as you'd like it to be displayed on certificate)

Profession/Specialty: \_\_\_\_\_ State Licensed In: \_\_\_\_\_  
License #: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: M | F

### PAYMENT INFORMATION

I will mail a check.

I authorize Foundational Concepts, Inc. to use the below CC information for payment.

Name on Card: \_\_\_\_\_

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

Credit Card Type (Please Circle): Amex   Visa   Discover   Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security ID #: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





6701 W. 121 st. St. Overland Park, KS 66209 (913)498-8492