

CONTINUING EDUCATION FOR PEDIATRIC THERAPISTS

WINTER/SPRING 2017 REGISTRATION



HOW TO REGISTER

Register online at epicdevelopmentalservices.com/continuing-education or use one of the following methods to register

Email completed form to CE@epicdevelopmentalservices.com

Fax completed form to 410-583-2480

Call us at 1-888-613-2275 | 8:30-5:00 EST, Monday-Friday

Mail completed form to:

Epic Developmental Services

Attn: Continuing Education

1026 Cromwell Bridge Road | Towson, MD 21286

COURSE PRICING

Individual Rate: \$429 Early Bird | \$449 Regular

Group Rate: \$399 Early Bird | \$429 Regular

Early Bird rates expire 21 days before the start of a course. Group rates apply to 3 or more people registering within a 48 hour period.

WINTER/SPRING 2017 COURSES

1/27-28 | Towson, MD | Therapy In and Out of the Classroom

2/3-4 | Lancaster, PA | Feeding Therapy: It's Not Just About Swallowing

2/10-11 | Cheshire, CT | Making Therapy Fun! Using Therapeutic Aquatics for Functional Gains in Pediatrics

3/17-18 | Lancaster, PA | Foundations of Manual Therapy Practice

3/24-25 | Towson, MD | Therapeutic Evaluation & Treatment of Toe Walking (Pediatric Equinus Gait) from a PT & OT Perspective

4/7-8 | Towson, MD | DIR101 – The Nuts and Bolts of DIR/Floortime

4/21-22 | Fort Wayne, IN | Myofascial Release for Pediatrics

5/19-20 | Towson, MD | Early Intervention: Techniques to Achieve Developmental Progression in Children from Birth to Three with Neurodevelopmental Disorders

6/9-10 | Lynnwood, WA | Handling Intensive to Improve Core Stability Toward Functional Outcomes

PERSONAL/PAYMENT INFORMATION

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Employer _____

Workplace Type Hospital Home Health Private Practice Rehab/Outpatient School
 Other _____

Discipline PT PTA OT OTA SLP COTA Other _____

Specialty Pediatric Adult Geriatric All Specifics (Aquatic/Sports/Etc.) _____

Experience 0-2 years 3-5 years 6-15 years 16-20 years 21+ years

How did you hear about this course? Mail/Postcard Word of Mouth Email Web _____

State(s) where you are requesting to receive credit _____

I would like to register with a group *(Please list group members below in the spaces provided)*

Amount enclosed/to be billed to my credit card \$ _____ Promo Code to be applied _____

Payment Method Mailing a Check VISA MasterCard Discover AMEX

Account Number _____ Expiration Date _____ Security Code _____

Is the billing address of this credit card the same as the address provided? If not, please provide below

Address _____ City _____ State _____ Zip _____