T-BONES Annual Meeting Registration

Spring Meeting 2010

Name and Title:			
Practice Name:			
Mailing Address:			
Phone Number:		Fax:	
Date of Birth:		Gender:	
Work e-mail:			
# of Physicians:			
Certifications:		# of Locations:	
Practice Type:	☐Private ☐University Affiliated ☐Solo	☐Multi-Specialty ☐Hospital Based/Owned ☐Clinical	
Does the Practice Employ:	☐RN ☐LPN ☐MA ☐PA ☐Ortho Tech ☐Radiology Tech ☐Other:	☐Occupational Therapist ☐NP ☐Surgical Asst ☐Hand Therapist ☐PT	
Does Office Have:	☐X-Ray ☐Physical Therapy ☐CT	☐MRI ☐Occupational Therapy ☐Ambulatory Surgery Center	
Charts:	☐Electronic ☐Paper	EMR/EHR Name:	
PMS Name:			
Attending Dinner:	☐No ☐Yes	**RSVP to:** Hilary Marshall by April 2, 2010 by email: hmarshall@sportsperformanceint.com	

Meeting registration fee: $75 per person (payable by check only)
Please make checks payable to: T-BONES

Mail check and registration to: T-BONES
c/o Hilary Marshall
9737 Great Hills Trail #240
Austin, Texas 78759
Phone: (512) 708-8834

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