**Information Seminar Application Form – SCOLIOSIS SCREENING, ASSESSMENT AND INTRODUCTION TO TREATMENT AND PATHOMECHANISM**

Thursday 19th MARCH 2020 7-9pm

Please email your registration to: [info@schrothscoliosisphysio.com.au](mailto:info@schrothscoliosisphysio.com.au)

**Application Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you see or treat scoliosis patients? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this seminar? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details**

**Full payment is required to secure your spot. Limited numbers available.**

**Cost: $99**

**Option 1: Please call (02) 8914 0508 for over the phone credit card payment. An invoice will then be sent to you.**

**Option 2: Bank transfer.**

**Max Sports Physiotherapy Clinic**

BSB: 082146   
Account number: 506576226

Please put ‘Scolsem’ and your last name in reference. We will email you a receipt/invoice. If you do not hear from us please call (02) 8914 0508

Questions? Call (02) 8914508 or [info@schrothscoliosisphysio.com.au](mailto:info@schrothscoliosisphysio.com.au)