

# SEMINAR REGISTRATION

Please print month and location:

Referral Name \_\_\_\_\_

Address \_\_\_\_\_

Date of course attended \_\_\_\_\_

Payable To: **APTR, Inc. • P.O. Box 5151 • Woodridge, IL 60517**  
**(630) 963-1717 • (630) 963-1717 fax**

**PROGRAM 1: TRUNK** Was ~~\$310~~ **NOW \$210**  
**Saturday 8am-5pm** **Early Registration \$170**

**PROGRAM 2: EXTREMITIE** Was ~~\$310~~ **NOW \$210**  
**Sunday 8am-5pm** **Early Registration \$170**

**BOTH 1 & 2: BOTH DAYS** Was ~~\$560~~ **NOW \$360**  
**Early Registration \$340**

Please bill my Credit Card below

I have enclosed my check in the amount of \$ \_\_\_\_\_

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

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

Work Phone( ) \_\_\_\_\_ Home( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Professional Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

CREDIT CARD (Check One)  **VISA**  **MASTERCARD**  **DISCOVER**

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount of Charge: \_\_\_\_\_

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

*"I authorize APTR, Inc. to charge my Visa/MC/Discover for program registration fees."*

Authorized Signature: \_\_\_\_\_

## CANCELLATION POLICY

Registration must be made in advance. Tuition less a \$75 service charge is refundable if written notice is received within one week prior to the programs start. No refunds will be made after this date. We reserve the right to cancel or change a program for due cause. Cancellation will result in a full refund of tuition. We are not responsible for the refund of travel or hotel expenses under any circumstances.