

**THORACIC SPINE AND RIBS**  
**Corner Brook, NF Course Registration Form**

**DATES and TIMES:** January 29<sup>th</sup> - Feb 1<sup>st</sup>, 2009

**COURSE DIRECTOR:** Michael Eddy, RMT, Osteopathic Manual Practice (thesis writer)

**COURSE OVERVIEW:** This four-day course will consist of assessment and treatment techniques for the Thoracic spine and Ribs. Corrections of lesions including sternochondral, costochondral, costotransverse, and costovertebral articulations. Specific rib corrections. Vertebral corrections of Flexion, Extension, Rotation, and Sidebending lesions.

**CEU's:** Pending ceu's

**ENROLLMENT:** This course is open to Massage Therapists, Physiotherapists, and Massage Therapy students and is limited to 16 participants on a first come/first serve basis.

**REGISTRATION FEE AND DEADLINE:** The course fee is \$500.00. Registration requires a deposit of \$150 with completed registration form. Full payment to be received by Jan 1<sup>st</sup>, 2009.

**LOCATION:** Corner Brook, NL (Specific location pending)

To register for a course complete the information below and return with payment by the registration deadline date. For more information please email [michael.s.eddy@gmail.com](mailto:michael.s.eddy@gmail.com) or phone: 902-478-2266.

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Prior Training: \_\_\_\_\_

**Payment Information:** Please send your cheque or money order made payable to *Michael Eddy* and mail it to the address listed below. No postdated cheques, please. A fee of \$35.00 will be charged on all returned cheques. I do not accept visa or mastercard.

**If you must cancel:** Cancellations received in writing or by telephone at least 10 business days prior to the program will entitle you to a refund. Cancellations received after this time will result in forfeiture of the entire tuition unless a replacement participant can be found, in which case the tuition will be refunded.

**Send Payment and Registration Form by the deadline date to:**

*Michael Eddy*  
263 Sandy Cove Rd.  
Terence Bay, N.S., B3T 1Y5  
(902) 478-2266 (phone), [michael.s.eddy@gmail.com](mailto:michael.s.eddy@gmail.com)