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Department of Physical Therapy
PTRS
& Rehabilitation Science
• 50 Years of Excellence •

Continuing Education Registration Form

(Please Print Clearly)

Course Title: ____

Course Dates: ____

Cost: ______________________________

Your Name: ____
Last First Middle

Are you are licensed? ❑PT ❑Other____

If you are a PTRS alumnus, please identify your year of graduation: ________________________________

Mailing address: ____

City: ______________________________________ State: __________ Zip: _________

Phone: (_________) ____________________________ Other phone: (_________) ____________________
❑ Cell ❑ Home ❑ Work ❑ Cell ❑ Home ❑ Work

E-mail address: ____

Signature: ____ Date: ____/____/____

Check enclosed made payable to University of Maryland: ❑Yes ❑No

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Return form and check to:
University of Maryland
Department of Physical Therapy and Rehabilitation Science
Continuing Education – ATTN: Terry Heron
100 Penn Street, Room 115
Baltimore, MD 21201

PTRS Fax: 410.706.6387

There is a 10% discount to all PTRS graduates (unless other discounts apply).

The Department of Physical Therapy and Rehabilitation Science reserves the right to make changes to the content, time, and location up until the day of the seminar.

Directions to the campus and a map are available at: http://www.umaryland.edu/map
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