



Beth Shelly PT

1634 Avenue of the Cities

Moline, IL 61265

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Course Registration Form

Name _____

Address _____

Phone _____ Fax _____

Email _____

Method of payment

____ Credit card or pay pal from Beth Shelly PT web
site. <http://bethshelly.com/mentoring-and-phone-consulting.html>

____ Check mailed to
Beth Shelly PT
1634 Avenue of the Cities
Moline IL 61265

Course name and date you are registering for _____

It helps me to know about your previous course work. Please list course in pelvic floor dysfunction (2 or 3 day courses only)

Tentative confirmation will be emailed upon receipt of payment and all required forms.
Final confirmation will be sent when course has sufficient participants.

Course cancellations

Courses with insufficient students will be cancelled. Please call for updates.

Course refunds

Cost of course will be refunded in full (or credit given for another course) if course is cancelled by instructor.