

Registration Form

Title: Your LGBTQ patient: Providing Culturally Competent Care

Location: Bayhealth Kent General Hospital, 640 South State Street, Dover, DE; Pavilion 1 and 2

Members: FREE Non-members: \$25

You may register for this event in 1 of 2 ways:

- Online: Please visit our **EventBrite registration page** to register online.
- **Via mail**: Please make checks payable the Delaware Physical Therapy Association and mail with a copy of the **registration form** to DPTA 1055 North Fairfax Street, Suite 205, Alexandria, VA 22314.

To protect your privacy, we CANNOT accept credit card information via fax or email.

□ Visa	□ MasterCard	☐ American Express	
Card N	mber:	Exp Date:	
Name a	nd Address on card:		
Name:			
	DPTA Member (ID# Required):		
	Non member		
Addres	:		
City, St	te Zip:		
Fmail a	ldress:		