



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.

Payment:

- Check made payable to the **Delaware Physical Therapy Association** in the amount of \$_____
 - Credit Card – Please call us at 800/999-2782 ext 3159
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Name: _____

DPTA Member (ID# Required): _____

Non member

Address: _____

City, State Zip: _____

Email address: _____

Mail registration to: Delaware Physical Therapy Association, 1055 N Fairfax Street, Suite 205, Alexandria, VA 22314
Questions? Call 800/999-2782, ext. 3159, or e-mail delaware@apta.org.