



## Registration Form

**Title:** Year Round' Shoulder in Swimming and Baseball

**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.**

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### 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](mailto:delaware@apta.org).