



**Beth Shelly PT**  
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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 cancelations

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.