



BACKtoGOLF Total Performance Seminar Registration Form

Name _____
Last, _____ First _____

Seminar Location _____

Professional designation

Physical Therapist ___ Physical Therapy Asst ___ Athletic Trainer ___
Personal Trainer ___ Occupational Therapist ___ MD ___ Golf Professional ___

Your E-Mail Address _____

A confirmation email will be sent to you at this address

Work Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Home Address _____
Number and Street _____ City _____ State _____ Zip Code _____

Phone - Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Payment Information - MasterCard or VISA accepted only Seminar Fee- \$495.

Credit Card Number _____

Expiration Date _____

Billing Address (if different from home or business address)

Street No. _____

City _____ State _____ Zip Code _____

To pay by check: Make check payable to- BACKtoGOLF

Mail payment to: BACKtoGOLF- 245 Crossroads Blvd, Carmel, Ca. 93923

Or Fax form to: 831-620-0711

How did you hear about BACKtoGOLF?

Note: All information on this sheet is secure and not used for any other purpose. You may receive information from BACKtoGOLF about updates, articles and golf related research from time to time.

Signature _____ Date _____

Thank you, for choosing BACKtoGOLF, we look forward to presenting an excellent seminar that will be well worth your continuing education dollar.