

Hand Therapy Association of California

Looking through the lenses

APRIL 7th – 8th, 2017
SAN JOSE, CA

*** Mandatory Fields**

* E-Mail: _____ (communication will be made through this email)

*First Name and Last Name: _____
(As you want it to appear on your certificate)

*Credentials: _____

*License Number: _____

Address: _____

Member for 2017 HTA-Ca: Yes: ___ No: ___ Want to become a member and save: Yes: ___ No: ___ Add: \$ ___
membership dues

Meal Preferences: Veg: ___ Non Veg: ___ Other: _____

How did you hear about us: HTA-CA blast: ___ website: ___ ASHT website: ___ Friend/ Colleague: ___ FB/ LinkedIn

Signing up with colleagues/ Friends for additional discount (Early Bird Only): Yes: ___ No: ___

If yes: List at least 1 of your colleague: _____, _____

<u>Early bird: Feb 27th 2017</u> ___ I am a member: \$450 ___ I am signing up with colleagues: \$ 425 ___ I am a non member: \$525 ___ I am signing up with colleagues: \$ 500	<u>Late registration: After Feb 27th 2017</u> ___ \$ 525 for members ___ \$575 for non members
<u>Non licensed Student with ID</u> <u>Early bird: Feb 27th 2017</u> ___ \$350	<u>Non licensed Student with ID</u> <u>Late registration: Feb 27th 2017</u> ___ \$ 450

Post it on Social Media Linked-In and Facebook

Please write check payable to **Hand Therapy Association of California** and mail the check to
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www.HTA-Ca.org