



Spinal Manipulation Institute

American Academy of Manipulative Therapy

445 Dexter Ave, Suite 4050, Montgomery, AL 36104

Tel: (801) 707-9056 www.spinalmanipulation.org

REGISTRATION FORM

Name: _____ Credentials/License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SMT-1: High-Velocity Low-Amplitude Thrust Manipulation of the Cervical, Thoracic, Lumbar & SI Joints

15 Contact Hours —Tuition: \$625

Location: _____ Date: _____

SMT-2: Cervicothoracic Dysfunction & Cervicogenic Headaches: Diagnosis & Management with HVLA Thrust Manipulation & Exercise 15 Contact Hours —Tuition: \$625

Location: _____ Date: _____

SMT-3: Lumbar and Sacroiliac Dysfunction: Diagnosis & Management with HVLAT Manipulation & Exercise

15 Contact Hours —Tuition: \$625

Location: _____ Date: _____

SMT-4: Certification in Spinal Manipulative Therapy (Cert. SMT): Comprehensive Review & Comprehensive Oral, Practical & Written Examination 15 Contact Hours —Tuition: \$745

Location: _____ Date: _____

DN-1: Dry Needling for Craniofacial, Cervicothoracic & Upper Extremity Conditions: an Evidence-Based Approach (Part 1 of the Certification in Dry Needling™) 27 Contact Hours —Tuition: \$795

Location: _____ Date: _____

DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: an Evidence-Based Approach (Part 2 of the Certification in Dry Needling™) 27 Contact Hours —Tuition: \$795

Location: _____ Date: _____

EMT-1: Extremity Manipulative Therapy: Upper & Lower Extremity HVLA Thrust Manipulation

15 Contact Hours —Tuition: \$625

Location: _____ Date: _____

IASTM-1: Instrument-Assisted Soft-Tissue Mobilization for Spine & Extremity Conditions: an Evidence-Based Approach 24 Contact Hours —Tuition: \$795

Location: _____ Date: _____

DD-1: Differential Diagnosis & Multi-Modal Management of Upper & Lower Extremity Spine Related Pain Syndromes 24 Contact Hours —Tuition: \$795

Location: _____ Date: _____

METHOD OF PAYMENT Check Enclosed (**Make check payable to: Spinal Manipulation Institute**)

Charge my _____ VISA _____ MC _____ AMEX

Card # _____ Expiration date: _____ Security Code: _____ Amount: \$ _____

Name on card: _____ Signature: _____