

PEDORTHIC CONTINUING EDUCATION COURSE

May 31 - June 1, 2019

Spokane Falls Community College

Badge Information

First Name: _____ Last Name: _____

Job Title: _____

Company/Organization: _____

Registration Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: _____ Cell Phone: _____

Date of Birth: _____ Last Four (4) Digits of Your SS#: _____

Email Address: _____

Verify Email Address: _____

(Must provide YOUR email address to receive registration confirmation)

An email confirmation of this registration will be sent to the registrant entered on this form. If you would like a copy of the confirmation receipt mailed to someone else as well, please enter that email address below.

Additional Email:

Participant Information Program Description

Special accommodations required? Yes No

What is needed? _____

How many years have you been in your profession? 0-5 6-10 11-20 21+

How did you learn about the Pedorthic Continuing Education Course? _____

Program Description

This hands-on course will aim to provide practitioners and participants with additional techniques and knowledge in the areas of clinical Pedorthic evaluation, general foot and ankle biomechanics, diagnoses specific orthotic modification, extrinsic posting, advanced shoe modification, and casting techniques. The course objective is to give practical skills and knowledge that may be directly applied in the field by the attending practitioners. Participants are required to bring a pair of old athletic shoes to use for the modification aspect of the course.

Payment Information

Registration fees include parking, refreshments and lunch on Friday and Saturday

Registration Fee: \$ 30 (SFCC Students)
 \$ 350 EARLY until May 10, 2019
 \$ 425 LATE May 11 – May 31, 2019
 (CPs, CPOs, Pedorthists, Assistants, Fitters)

Credit Card Payment: If you prefer not to list the credit card number below, please complete the requested information and call Ruthie Dearing at (509) 533-3231 to provide the credit card number, expiration date, and CVV Code.

Cardholder Name: _____

Billing Address: _____

Billing City: _____ Billing State: _____

Billing Zip: _____ Telephone Number: _____

Email Address: _____

Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

CVV Code: * _____

* To prevent fraud, Visa and MasterCard use encrypted codes called CVV/CVC codes. The Visa and MasterCard 3-digit CVV/CVC codes are printed on the upper right corner of the signature strip on the back of your credit card.

Email or Fax Registration Form to:

Ruthie Dearing

ruthie.dearing@sfcc.spokane.edu

Fax: 509-533-4143

Check Payment: Please make the check out to: Community Colleges of Spokane (CCS)

Mail the Registration Form and check to:

Ruthie Dearing, Program Manager

O&P Technology Programs

3410 W. Fort George Wright Drive MS 3190

Spokane, WA 99224

THANK YOU