

G.T.T. Course Registration Form

Registration is limited to enhance your clinical training and experience. Please register early!

Please mail this registration form accompanied by proof of prerequisite and a cheque of appropriate amount to:

Dr. Cynthia Gokavi
Gokavi Acupuncture and Pain Clinic
226 Sylvian Way S7H 5G2
Saskatoon, SK Canada

(Please make the cheque out to Dr. Cynthia Gokavi)

I would like to register for the following seminar(s):

- Introductory Level G.T.T. Seminar (\$750) – incl. manual & CD-ROM
- Advanced Level G.T.T. Seminar – Upper Quadrant (\$1000) – incl. manual & DVD
- Advanced Level G.T.T. Seminar – Lower Quadrant (\$1000) – incl. manual & DVD
- G.T.T. and Myofascial Pain Release in the treatment of TMJ dysfunction and acupuncture for dental analgesia (includes manual and DVD) – please contact us

Course Date: _____

First Name: _____ **Last Name:** _____

Health Care Discipline: _____

Proof of prerequisite: *CAFCI Certification or Equivalent / GTT / IMS Certification*
_____ (please attach)

Address: _____

City: _____ **State / Province:** _____

Postal / Zip Code: _____ **Country:** _____

Work Phone: _____ **Home Phone:** _____

Fax: _____ **Email:** _____

Students will be notified of exact course location when registration is received. If you require the GTT book and CD before the course please add \$15 for shipping and handling in Canada.

A \$50 administration fee will be charged for cancellations received 30 or more days prior to the seminar. Sorry, refunds are not available for cancellations received less than 30 days before the seminar. We reserve the right to cancel courses if required.