



**MedStar Georgetown
University Hospital**

Department of Physical
Medicine and Rehabilitation
Occupational Therapy - Physical Therapy -
Speech Language Pathology

Course Registration Form

Participant Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Discipline: _____ Specialty: _____

Authorization

By signing below, I confirm that the above information is accurate and agree to submit payment in full.

Signature: _____ Date: _____

Payment Information

Course Fee: \$700

Payment Method (please select one):

☐ Check — Check #: _____

Make checks to: MGUH Physical Medicine and Rehabilitation. Put name of the course in the memo.

Mail to:

Attention: Laura Ruiz-PM&R Department.

3800 Reservoir rd. NW, 3rd Floor, PHC Building. Washington DC 20007

☐ Venmo — @georgetownpediatricscourses

Please allow 2–3 business days after payment is received for your invoice to be emailed to you.