

# LANGIAPPE SEMINARS

Make checks payable to Lagniappe Seminars  
Send registration fee and form together to:  
Lagniappe Seminars | P.O. Box 2383 | Monroe, LA 71207-2383

## Registration

### All Seminars

Group Rate 2 or more registering at the same time for a seminar or if one person registers for 2 or more seminars. All registrations must be RECEIVED 4 days prior to day one of the seminar. Early registration payment must be received 14 days prior to the seminar. To use credit/debit card, registration must go through our website. If you prefer to write a check, please mail to Lagniappe Seminars, PO Box 2383, Monroe, LA 71207-2383. Upon receipt of your registration, you will be emailed a confirmation letter and receipt.

### REFUNDS

**Cancellations will be accepted up to 14 days prior to Day One of the seminar. No cancellations or changes after this date. No refunds will be made after this date. If Lagniappe Seminars receives written notification of cancellation by this time, refund minus a \$50 dollar processing fee will be returned to the participant.**

Lagniappe Seminars reserves the right to cancel any course up to 7 days prior to the course date. A full course refund will be received in this case. Lagniappe Seminars or Melvin Physical Therapy, Inc. or Anne or Wayne Melvin, will *NOT* be responsible for *ANY* participant expenses other than the course tuition refund for course cancellation by Lagniappe Seminars. Lagniappe Seminars or Melvin Physical Therapy, Inc. or Anne or Wayne Melvin, are *NOT* responsible for reimbursement of expenses incurred by an individual due to acts of God, including natural disaster(s), and/or due to unforeseen circumstances beyond our control. Expenses include, but are not limited to, airline tickets, lodging, other related costs, etc.

**Lagniappe Seminars is a trade name under Melvin Physical Therapy, Inc**

A continuing education certificate will be issued for each participant completing the seminar free of charge. If a duplicate certificate is requested, Lagniappe Seminars must receive the request in writing along with a \$25.00 replacement fee.

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Name as it is to appear on certificate: \_\_\_\_\_

Professional Credentials (check all that may apply): PT\_\_\_PTA\_\_\_OT\_\_\_OTA\_\_\_RN\_\_\_LPN\_\_\_

License #: \_\_\_\_\_ MSW\_\_\_Administrator\_\_\_Other\_\_\_\_\_

Address-Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Work #: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

License Renewal Date: \_\_\_\_\_

## Select Seminar

Falls In The Elderly: \_\_\_\$325 (Early Registration) \_\_\_\$375 (Regular Registration)

Identifying Fall Risks: \_\_\_\$185 (Early Registration) \_\_\_\$210 (Regular Registration)

Assessments Tools: \_\_\_\$185 (Early Registration) \_\_\_\$210 (Regular Registration)

Stress: \_\_\_\$325 (Early Registration) \_\_\_\$375 (Regular Registration)

Outside The Box: \_\_\_\$185 (Early Registration) \_\_\_\$210 (Regular Registration)

Course Date \_\_\_\_\_ Course Location Preference: \_\_\_\_\_