

# HOSPITAL- BASED MASSAGE THERAPY FOR SERIOUSLY ILL PATIENTS



Hertzberg Palliative Care Institute  
Brookdale Department of Geriatrics and Adult Development  
Mount Sinai School of Medicine



## June 6 - 7, 2009

### REGISTRATION FORM

\*\*\* All attendees will receive a certificate and transcript upon completion of the course.

Please be aware that NCBTMB requires your address, phone # and email address on your transcript

(Please print)

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

Licensure #: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Mailing Address ( home  work) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_



Please specify below how you would like your name, along with your credentials on your transcript and certificate, for example: Mary Smith, RN, LMT

NCBTMB Approved provider # 450746-08

Please list my name as: \_\_\_\_\_

Early Registration  \$375

Late Registration  \$400 (Postmarked After May 16th)

### Payment: Check or Money Order Only

Make check payable to: Department of Geriatrics, MSSM

\*\*\* A charge of \$35 will apply to checks returned for insufficient funds

**Cancellation Policy:** Cancellations must be made in writing (Email or U.S. mail). A \$75 processing fee will apply to all cancellations. No refunds will be made on cancellations postmarked after May 16, 2009. All refunds will be processed after the course.

### Mail Payment, Registration Form and Needs Assessment

Diane Maguire, MPH  
Hertzberg Palliative Care Institute, Dept. Geriatrics  
Mount Sinai School of Medicine  
One Gustave L. Levy Place, Box 1070  
New York, NY 10029-6574

### Special Requests

I will require special assistance, please specify \_\_\_\_\_