

PHYSIOTHERAPY REVIEW

WHO:	NBS, Inc.	* Instructor - "Dr. James"
WHERE:	Cleveland Campus	* NBCE "Style" Test Questions
WHEN:	Wed., February 15, 2012	* Proven Pass Rate
	<i>Registration: 3:45pm - 4:00pm</i>	* Passive & Active care protocols
CLASS:	4:00pm - 8:30pm	* Integrative Techniques
COST:	\$80.00 1/17/12	* PT Book Included
	\$90.00 After 1/17/12	
	\$95.00 At the door	* Test Taking Strategies

Full Name: _____

Address: _____
(street) (apt) (city) (state) (zip)

Phone: () _____ Location: _____
(area code) (School, city, state)

Part Applying for: "PT" Review **E-mail Address:** _____

Please enter nbs@nationalboardspecialists.com in your address book to receive e-mails from NBS

Method of payment: Check Money Order Visa M/C Cash

Account #: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____

Personal checks OK by 1/17/12 – Make check or money order to: NBS, Inc.

Please charge: \$ _____ on my card.

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