

DRY NEEDLING INSTITUTE, LLC  
50 W EDMONSTON DR STE 602 ROCKVILLE MD 20852  
301-444-4890 FAX 301-444-4893  
20 HOUR TRAINING REGISTRATION AND PAYMENT FORM

NAME \_\_\_\_\_

(as you would like it on your Certificate)

COMPANY NAME (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

PLEASE DO NOT PUT A COMPANY EMAIL ADDRESS HERE

OFFICE PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

PROFESSION-SPECIALTY \_\_\_\_\_

LICENSED IN WHAT STATE(S) \_\_\_\_\_

LICENSE NUMBER(S) \_\_\_\_\_

STATE ASSOCIATION MEMBER YES NO

DATE OF SEMINAR: SEMINAR LOCATION:

AMOUNT:

PAYMENT TYPE VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME: \_\_\_\_\_

CHECK/CARD NUMBER \_\_\_\_\_ EXP DATE / /

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

No refunds due to cancellation issued within 30 days of course. 80% refund for cancellation 60 to 31 days prior to course.

**Please attach the following and return it with your registration:**

- a copy of a current state Professional License
- the Declaration page of your current Malpractice Insurance

Please email this form to forms@dryneedlinginstitute.com or fax it to 301-444-4893.