

Sutherland Cranial Teaching Foundation, Inc.

2018 Course Registration

SCTF Course _____

Name _____ Title: D.O. /PGY1/ PGY2/ PGY3 /MS4 /MS3 /MS2

Address _____

Day Phone _____ Cell Phone _____

E-mail Address _____

May SCTF add you to our mailing list for course updates and announcements? _____ Yes _____ No

AOA # _____ Year of Graduation _____ Years in practice _____

Are you qualified and applying for a scholarship? (See requirements at sctf.com) _____

Year & Type of Residency Completed: _____

Advanced Degrees (BS, MA, Masters, PhD, DO, MD,) Institution & Year:

Degree _____ Year _____ Institution _____

Degree _____ Year _____ Institution _____

Previous OCF Courses: If you need additional space, please provide an attachment

SCTF Courses:

Year _____ Location _____ Hours _____

Other OCA Courses:

Year _____ Location _____ Hours _____ Course Director _____

Year _____ Location _____ Hours _____ Course Director _____

Other OCF Study Groups, Mentors, and other pertinent experience:

Registration paid by CHECK or CASH will be discounted half of the credit card bank fee rounded down to the nearest \$5.

MC / VISA _____ Expires _____

Submit completed registration with check or credit card information to:

SCTF c/o Susan LeMaster – 11637 SE 34th Ave, Milwaukie, OR 97222

Email: lemastersctf@gmail.com

PHONE: 971-212-1096 FAX: 503-905-6050