Sutherland Cranial Teaching Foundation, Inc.

Course Registration

Student Name ____

Course Name ______________________________ AOA # ______________

Title: D.O. / PGY1 / PGY2 / PGY3 / MS4 / MS3 / MS2 / MD /DDS / DMD Year of Graduation ______________

Address ____

Day Phone ______________________Cell Phone ______________________

E-mail Address ____

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

Years in practice ______________ Year & Type of Residency Completed:______________________

Are you qualified to apply for a scholarship? (See requirements at sctf.com) ______________________

Advanced Degrees - 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:

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Payment by check saves SCTF the cost of credit card processing fees.

MC / VISA ______________________________________Expires ______________

Please complete and FAX to 503-905-6050 or send with check or credit card information to:

SCTF – 3526 SW Corbett Ave. Portland, OR 97239

Email: lemastersctf@gmail.com

PHONE: 971-212-1096