



Hillmann Pediatric Therapy

"Focused on the Potential of Every Child"

Name _____ Date _____

Name of Course _____

Provider of Course _____

Course Dates _____

Cost of Course _____

Fill this form out, and attach the course registration form (From the seminar/class) filled out with your personal information. HPT will fill out the financial cost portion of the registration form prior to sending the registration in.

When you are registered, HPT Office will send you confirmation via email.

Continuing Education Request