

**MDS-II: MANAGING DIFFICULT SHOULDERS - "A PRACTICAL WORKSHOP"
2012 SCHEDULE & REGISTRATION**

INDICATE WHICH SEMINAR YOU WOULD LIKE TO ATTEND

____MILWAUKEE, WI
March 9-10, 2012

CROWNE PLAZA - AIRPORT
6401 SOUTH 14TH STREET
MILWAUKEE, WI 53221
414-764-5300 \$89/GROUP RATE
Hotel Cut Off 2-7-12

____LOS ANGELES, CA
April 27-28, 2012

DOUBLETREE - LAX
1985 EAST GRAND AVENUE
EL SEGUNDO, CA 902
310-322-0999 \$99/GROUP RATE
No Cut Off Quoted

____SAN FRANCISCO, CA
March 30-31, 2012

CROWNE PLAZA
FOSTER CITY - SAN MATEO
1221 CHESS DRIVE
FOSTER CITY, CA 94404
650-570-5700 \$114/GROUP RATE
Hotel Cut Off 3-15-12

____SACRAMENTO, CA
May 18-19, 2012

HILTON GARDEN INN-S.NATOMAS
2540 VENTURE OAKS WAY
SACRAMENTO, CA 95833
916-568-5400 \$84/Group Rate
Hotel Cut Off 5-10-12

____SAN DIEGO, CA
April 13-14, 2012

DOUBLETREE - DEL MAR
11915 EL CAMINO REAL
SAN DIEGO, CA 92130
858-481-5900 or 800-222-8733
\$129/GROUP RATE
Hotel Cut Off 3-14-12

____MDS-I HOME
STUDY COURSE

Place Order for Home Study
*"Solving the Mystery of Adhesive
Capsulitis in Women & Preventing
Osteoporosis"*

_____ *Check Here if you Previously Attended MDS- I & Indicate Location of Course* _____

**REGISTRATION DEADLINE for Course and Hotel Rates
is 14 DAYS PRIOR TO COURSE, UNLESS OTHERWISE STATED.**

PLEASE PRINT **CLEARLY** for Accurate Certificates

Name: _____ (for certificate)

Address: _____

City, State, **Zip Code**: _____

Phone Home & Work _____

License #: _____ **Please Circle** PT ___ OT ___ PTA ___ Other _____

Email Address: _____ (for confirmation letter)

**Mail, Fax or Call in Registration to Partridge Seminars,
(Ph) 361/985-1188, (Fax) 361/985-1189, P.O. Box 81483, Corpus Christi, Texas 78468**
____ Mastercard ____ Visa ____ Discover

Name on Card: _____

Credit Card#: _____

Expiration Date: _____

Signature: _____