



## Education Seminar Payment Form

Course: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Name			
Address			
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or send check to:

ATG Rehab  
1111 Cromwell Place  
Suite 601  
Rocky Hill, CT 06067

**Questions?** Lillian Alteri - 860-899-2760 - [LAlteri@ATGRehab.com](mailto:LAlteri@ATGRehab.com)

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