

**CUSTOMIZED
SPLINTING/ORTHOTIC
FABRICATION COURSE**



Information Request Form

If you are interested in bringing the Hands on Orthotics course to your clinic, submit the completed form to the Director of Education and Research at education@asht.org.

Name:		Company:	
Address:		City:	
State:		Zip Code:	
Email:		Phone:	

Pricing based on selection of splints.

*Based on 7 common orthoses, additional fee for more complex orthoses.

Preferred Dates

When are you available to host the course? (Please provide 3 dates)

1. _____
2. _____
3. _____

Preferred Orthotics

Please list up to seven (7) orthoses. This will let us know which orthoses you are most interested in.

1.
2.
3.
4.
5.
6.
7.

Education@asht.org

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