



Treatment of Ortho-Related Edema Course Registration Form

Course Information

Course Name: _____ Location: _____ Course Date: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell/Home: _____ Home Email: _____ Work Email: _____

Occupation: _____ License #: _____ Are you a CLT? _____

Method of Certification and Year: _____ LANA? _____

Work Information

Company: _____ Work Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone: _____ Additional Phone: _____

Medical History

Do you have any of the following medical conditions? (check all that apply and explain in detail below):

High Blood Pressure Diabetes Cardiac Disease CVA Circulatory Conditions Arthritis

Osteoporosis Vision Impairments Hearing Impairments Orthopedic Conditions Allergies

Currently Pregnant Psychological Conditions Other: _____

Explanation: _____

Any previous surgeries?: _____

Medications?: _____

Any other condition that may interfere with you fully participating in this course?: _____

Participant Medical Agreement

Please initial for agreement/understanding on the line before each section and sign the bottom of the “Participant Agreement and Releases” section. If unable to initial for a section, please explain below.

_____ 1. This course can involve participants providing and receiving manual drainage techniques, compression bandages, garments, exercises, and possible other aspects of edema treatment. By initialing and signing below, you are consenting to actively participate fully in this course.

_____ 2. Receiving the treatment techniques may move volumes of fluid through your body and applying the treatment techniques can be taxing to you physically. I have disclosed all of my medical history and understand how this course could impact any of my medical conditions. I am responsible for monitoring my medical condition and alerting the instructor with any concerns.

_____ 3. I will not hold LymphEd, LLC, any of the other participants, the instructor, or the facility holding the course liable or responsible for any medical conditions that I have/have not reported on this form or for exacerbations or conditions that may occur during or after completion of the course.

_____ 4. To the best of my knowledge the information I have provided on this form is correct.

Registration

Please initial for agreement/understanding on the line and sign the bottom of “Participant Agreement and Releases” section. If unable to initial, please explain below.

_____ 5. The total tuition for the course is **\$275.00**. A deposit of **\$150.00** is required at the time of registration and will hold your spot until the total amount is due **four (4) weeks** prior to the first day of class. Please note that the deposit of \$150.00 is **non-refundable** unless the course is cancelled. After receipt of the Home-Study materials to the participant, the full tuition of \$275.00 (or discounted amount) will become non-refundable. A participant may transfer once to a later course within 4 weeks of the start of the course with no penalty. Transferring within 2 weeks will result in a \$75 charge for the change. No transfers will be permitted with less than 2 weeks of notice.

Registration Fees (All fees listed in U.S. Funds.) Includes (but not limited to): Home course notes, class materials, and contact hours.

\$150 (deposit) \$275 (paid in full) \$_____ (Discount deposit) \$_____ (Discount Total)

Total Amount \$_____

Payment Method: (Please check one) You may pay by:

() **PayPal** or () **Check** (individual or work PO: PO number: _____)

A PayPal Invoice will be emailed to you or you may mail your check to the address below. Checks should be payable to LymphEd. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be emailed.

Participant Agreement and Releases

Please initial for agreement/understanding on the line before each section and sign the bottom of this section. If unable to initial for a section, please explain below.

_____6. Home Study Portion: The home program may consist of PowerPoints, articles, videos, and/or word documents. While each participant may move at his/her own pace with the home program, the entire portion must be completed prior to the start of the on-site portion. Each participant will receive the home program at least 2 weeks prior to the course upon payment in full. You will need to have access to PowerPoint and Word programs on your computer. You may also need to have some form a video player on your computer, like QuickTime. The participant is prohibited from sharing the materials with other individuals or organizations.

_____7. Class Requirements: Participants are expected to fully participate in the on-site portion of the course. The participant is expected to be on time for class. The purpose of this course is to advance the knowledge of medical professionals and does not qualify the participant as an instructor for edema management courses. Each participant will receive a Certificate of Completion at the end of the course if all requirements are met.

_____8. Withdrawal or Dismissal: Withdrawal from the program may result in a loss of the participant's tuition. Any participant may be dismissed from the program for insufficient progress, non-payment of tuition, or non-attendance. Reinstatement following dismissal is up to the discretion of the instructor.

_____9. Cancellation: If this course is cancelled due to an insufficient number of registrations, all moneys received will be refunded or transferred to another class as elected by the participant. In case of cancellation of the class for any other reason, a new course will be scheduled and all payments will be transferred. In the event that the instructor falls ill, the class will be rescheduled.

_____10. Photo Release: By participating in this LymphEd course, you are giving your consent to have your image and/or voice recorded for use by LymphEd for future publications, productions, and/or promotional and advertising purposes without compensation. Your full name will not be used in connection with these images or recordings for advertising purposes without your consent. This material will be owned by LymphEd.

_____11. Copyright Protection: All of the materials provided for this course are the property of LymphEd and are protected by copyright and intellectual property laws. Reproduction and re-transmission of LymphEd's materials, in whole or part, in any manner, without prior consent of the LymphEd, is a violation of copyright law. Participants must preserve any copyright or other notices contained in or associated with the materials. Participants may not distribute copies to others, whether or not in electronic form, whether or not for charge or consideration, without prior written consent of the copyright holder of the materials. The patient handouts and documentation forms may be used with proper referencing to LymphEd.

_____12. Purpose of Training/Non-Compete: The participant agrees that the purpose of the LymphEd courses is to provide training for portions of the procedures known as Manual Lymph Drainage (MLD) and Complex Lymphatic Therapy (CLT) plus other lymphedema-related topics. The participant shall not, under any condition, solicit for competing purposes, the training and certification of other therapists. Although the participant is free to distribute information concerning lymphedema, the participant shall not be permitted to train nor certify any other person in MLD and/or CLT unless granted instructor certification under a NLN recognized school/training program.

_____13. Shared Information: LymphEd will share your business contact information and email address with the other participants in the class and with the vendors. The vendors are providing an extensive amount of valuable professional supplies at no cost to the participant.

Explanation for any section you were not able to initial: _____

I, _____ hereby agree to all of the
(print name)

conditions listed above in the Treatment of Ortho-Related Edema Course Registration Form.

(signature)

(date)

Checklist

LymphEd will not be able to fully register you for the course without receipt of the following:

- Initials or explanation provided for all 13 areas above on pages 2, 3 and 4
- Complete signature on page 4
- An official copy of your professional license
- All sections of the registration form fully completed
- Deposit or full payment

Please email scanned PDF or mail completed registration form with payment to:

LymphEd, LLC

C/O Shelley DiCecco

1149 Pine Grove Av, NE

Brookhaven, GA 30319

Phone: 770-617-5871

Email: ShelleyDiCecco@lymphed.com

Travel and Accommodations:

Would you like to receive hotel information? yes no

Would you like to receive directions? yes no

LymphEd looks forward to working with you in the upcoming course! Please let LymphEd know if you have any additional questions or concerns!