

Dear Mike Pennington, MSPT:

___ I am registering for the March 2011 Basic **PRRT™** Seminar

___ Enclosed is my pmt. of \$797.

___ I am a **PRRT™** Home Study Course Graduate. I'm using the home study course that I purchased. I'm not using a co-workers, friends, etc. So my investment is \$600.

___ I am registering one month prior to the seminar date, therefore I save an addl. \$25.00

___ I am bringing a fellow employee, so we each save \$60 on our tuition.
(Must work at same facility and attend same Basic Seminar)

Name of fellow employee(s) attending **same** Seminar: _____

(Pls. pass a copy of this blank registration form to them for completion & submission)

NAME _____ Degree/Specialty _____

Home Address _____

City _____ St _____ Zip _____

Home phone# _____ Cell # _____

Work Address _____

City _____ St _____ Zip _____

Work phone# _____ Fax# _____

Email _____

Payment by: MO/CK/CC

(Disc/Visa/MC/AE) _____ Exp.Date _____ V Code _____

(If pd. by CC- merchant will read: Turning Point Seminars and Nutrition LLC.)

Signature _____

(Final Pmt. will be processed the week before the Seminar. If less than 10 day cancel notice = \$100 charge)

Confidential! If any problems with transmission or to be removed please call (541)535-2551

Turning Point Seminars and Nutrition LLC. 296 S. Pac. Hwy. Talent, Or. 97540

SuperSpine, Inc.
Primal Reflex Release Techniques™ Seminar
And
Turning Point Seminars and Nutrition
296 S.Pac.Hwy Talent, Or. 97540
Office:(541)535-2551Fax:(541)535-1417

Dear Seminar attendee:

I'll need you to read and sign the Secrecy Agreement below.

All prior attendees have signed a similar agreement. I've tried to make this as "user friendly" as possible and not use "legalese."

Please don't take this personally as I must have some form of agreement so that some individuals don't do with my life's work what they've done with others in our profession.

Many "me too" seminars spring up after the start of any new and exciting technique method.

I'm using the following agreement to prevent this to the extent that I can. I sincerely look forward to meeting you. See you soon.

If you have any questions or concerns, please contact my son, Craig, or myself.

John Iams, M.A., P.T.
for SuperSpine, Inc.
800.945.5865/ 858.487.3700
Fax# 858.676.2509
E-mail: info@theprrt.com

Secrecy Agreement for PRRT™ Seminar

I, (please print) _____ understand that SuperSpine, Inc is concerned with keeping the information presented in the Seminar I'm attending for:

- My own personal use;
- To share the primals and 1 Minute NocioceptivExam™ only with my staff;
- To give brief demonstrations of several basic techniques (not more than 6) and the 1 Minute NociocpetivExam™ to individuals not on my staff

I agree not to teach these techniques in any other capacity unless I've first contacted SuperSpine, Inc. for approval. This agreement is to prevent unauthorized practitioners from teaching The Primal Reflex Release Technique™ without adequate training and approval of SuperSpine, Inc. If I want to teach The Primal Reflex Release Techniques™ in formal seminars, I will apply to SuperSpine, Inc. indicating this interest.

I realize this Agreement is in place for (5) five years following the Seminar date.

Signature _____

Date _____

Address _____

Phone _____

City/State/Zip _____

Fax _____

Email _____

Witness _____

(Signature)

SuperSpine, Inc.
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858.487.3700; Fax 858.676.2509
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And
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AUTHORIZATION/RELEASE

PRRT™

This authorization/release form indicates that I am being seen for demonstration purposes only and that I am not being treated for any specific condition that I might have, diagnosed or undiagnosed. I hereby agree to hold harmless John Iams M.A., P.T. SuperSpine, Inc. and Mike Pennington M.S.P.T., Turning Point Seminars and Nutrition LLC, members of his family & staff for any acts which occur while attending this seminar or possible complaints afterward.

I agree to allow John Iams M.P., P.T. (SuperSpine, Inc.) and Mike Pennington M.S.P.T. (Turning Point Seminars and Nutrition LLC) to use any testimonial information, video or audio taping gathered before, during and after my demonstration for future purposes.

Name (Please print)

Date

Address

City, State, Zip

Phone

Email address

Attendee (signature)

Witness (signature)