

MPI Referral List Information

If you have met the requirements for this list by attending the EXT class and 2 spine classes, (you can substitute the full spine class for one of the 2 regular spine classes), then please fill out the information below and mail this form and your check to MPI.

Name: _____

Today's Date: _____

Email: _____

Office Address: _____

Office Address 2: _____

City: _____

State: _____

Country: _____

Zip Code: _____

Office Phone: _____

Office Fax: _____

Office Website: _____

Chiropractic College: _____

Year Graduated: _____

Year MPI Certified: _____

MPI Classes Taken: _____

Please fill out this form and mail to:
MOTION PALPATION INSTITUTE
455 Delta Ave.
Suite 1
CINCINNATI, OH 45226

Make your check or money order payable to:
Motion Palpation Institute

Prices:
\$60 Dr's & \$30 for Students.