



## POLYCLINIC REQUEST FORM

**Can't make it** to one of our campus seminars? Or, perhaps you want to train your staff in your own pool? Aquatic Therapy University polyclinics are a great way to learn aquatic techniques that will be applicable to your unique caseload mix, pool depth and temperature. Better yet? You don't lose any downtime with your patients.

**Curious, but not sure a polyclinic is for you?** Tell us a little more about your needs – if we can match you with one of our instructors, you'll have the opportunity to book a date. No commitments required!

### TELL US ABOUT YOUR PERFECT CLASS:

1. What dates would you like us to come (include one or two backup dates)?

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2. Review our offerings at [www.aquatic-university.com](http://www.aquatic-university.com) then circle your desired class?

General Studies:	<b>GS710</b> Aquatic Speech Therapy <b>GS803</b> Ortho/Neuro Survey
Pediatrics:	<b>PS701</b> Pediatric Primer <b>PS801</b> Aquatic Sensory Integration <b>PS901</b> Medically Fragile
Geriatric:	<b>GE701</b> Geriatric Primer <b>GE801</b> Balance and Gait
Sports & Military:	<b>SS702</b> Sailor, Soldier, Airman <b>SS802</b> Elite Athlete
Ortho:	<b>MS701</b> Musculoskeletal Primer <b>MS801</b> Low Back, Neck and Pain <b>MS802</b> Hip and Knee

3. Which start times were you thinking (e.g. Fri 3PM, Sat 8AM, etc):

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4. How many people would be attending? \_\_\_\_\_ Open to outsiders? \_\_\_\_\_

5. Contact person: \_\_\_\_\_ License/Title: \_\_\_\_\_

6. Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Email: \_\_\_\_\_

8. Facility name/address: \_\_\_\_\_

9. Pool name/address (if not co-located): \_\_\_\_\_

### FAX, EMAIL OR SEND THIS PAGE FOR INFO

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