



HOST APPLICATION FORM

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Email: info@kiminstitute.org

YOUR NAME: _____ POSITION: _____

TEL: _____ FAX: _____

EMAIL: _____

DECISION MAKER _____ POSITION: _____

FACILITY NAME: _____

FACILITY MAILING ADDRESS: _____

FACILITY PHYSICAL ADDRESS: _____

DISTANCE FROM LARGE CITY: _____

DO YOU HAVE A ROOM /AUDITORIUM LARGE ENOUGH TO SEAT AT LEAST 30 PEOPLE FOR
A COURSE? _____

DO YOU HAVE AT LEAST 2 HIGH/LOW TREATMENT TABLES? _____

DO YOU HAVE AT LEAST 10 TREATMENT TABLES IN TOTAL? _____

ON STAFF, HOW MANY PT'S AND PTA'S DO YOU HAVE? _____

**PLEASE FILL OUT THE ABOVE INFORMATION AND FAX BACK TO KIM INSTITUTE AT
(661)942-2203 OR EMAIL/MAIL IT TO THE ADDRESS LISTED ABOVE.**