

PARKER

SCHOOL of MASSAGE THERAPY

STAY CONNECTED!

The information from this form is used to maintain accurate records of our graduates. For more information please contact the Office of Alumni Relations.

First name: _____ Graduation date: _____
 Middle name: _____ Preferred email: _____
 Last name: _____ Web address: _____
 Maiden name: _____

I am currently not practicing

Home address: _____ **Work** Address: _____
 City: _____ City: _____
 State: _____ State: _____
 Zip: _____ Zip: _____
 Country: _____ Country: _____
 Phone: _____ Phone: _____
 Fax: _____ Fax: _____

Check to keep private

Check to keep private

Preferred mailing address: Home Work

Are you married to a Parker graduate? If Yes, who?

Do you work with a Parker graduate? If yes, who?

Which one faculty of staff person at Parker College School of Massage Therapy made the greatest impact on you as a student? _____

Check no more than four (4) techniques you practice regularly;

- Neuromuscular Therapy (NMT) Swedish Massage Myofascial Release (MFR)
 Trigger Point Therapy (TPT) Craniosacral Therapy (CST) Lymphatic Drainage (LD)
 Active Release Technique (ART) Other: _____

Please list any professional organizations you belong to, the position you hold and term length:

Organization (<i>spell out</i>)	Position (<i>if applicable</i>)	Term/Member since
-----------------------------------	-----------------------------------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you considering any advanced training? _____

How are you involved in promoting massage therapy? _____

Print your completed form and fax to 214-902-3453 or mail to
 Office of Alumni Relations, Parker College of Chiropractic, 2500 Walnut Hill Lane, Dallas, TX 75229

Thank you for your time!

newweb