

ATTENDEE REGISTRATION FORM 2010

NAME (PRINT OR TYPE, INCLUDING TITLE)

STREET

CITY/STATE/ZIP

PHONE NO.

FAX NO.

EMAIL

Yes, I will attend the 3 day Advanced Training Seminar in Scottsdale, AZ, March 26-28, 2010.

Registration fee is: \$400.00 Doctors/Practitioners
\$200.00 Staff/Spouses
\$150.00 Students (current full time I.D. required from an accredited institution)

***CME's available through Westbrook University**

Register before Feb. 26, 2010 and receive the Early Bird Discount of \$50.00.

Yes, I will attend the 1 day Introductory Seminar in Scottsdale, AZ on Friday, March 26, 2010

Registration fee is: \$125.00 Doctors/Practitioners/Staff/Spouses
\$95.00 Students (current I.D. required from an accredited institution)

Total Amount Paid

Payments Enclosed By: Credit Card Only

We accept Visa, MasterCard, Discover & American Express

Credit Card Number

Exp. Date

Code

Card Holder's Signature

Name as it Appears on Credit Card

Print or Type Name and Title (as they will appear on badge and certificate)

*If cancellation occurs before February 19, 2010, a \$100.00 fee will be charged. After February 19, 2010, no refunds will be given.