

**AMERICAN INSTITUTE OF HOMEOPATHY
New York Medical College
Southern Homeopathic Medical Association
2014 CONFERENCE REGISTRATION FORM**

Conference Title: PREDICTIVE HOMEOPATHY
Conference Dates: March 7-9, 2014
Conference Location: Hotel Monteleone, New Orleans, LA

Please Print Form and Complete the Following Information:

Attendee Name and License/Credential: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Billing Information (circle the appropriate price):

Early-bird- Registration by January 7, 2014	Regular Registration (after Jan. 7, 2014)	
AIH members	\$375	\$425
Other licensed healthcare providers	\$425	\$475
Medical Residents/Fellows	\$250	\$300
Office Assistants of AIH members	\$200	\$200
Students (in schools leading to licensure)	\$150	\$150
Accompanying Persons (non-practitioners)	\$100	\$100

Cancellation Policy: Refund of registration fee, minus \$50 processing fee, if requested by Jan. 7.

Payment Method: MC Visa AmEx Check Money Order

CC # (if appl.): _____ Exp. Date: _____

Name on CC: _____

Billing Address (if different) _____

Signature: _____

Submit Information

By Secure Fax to: (504-838-9806)

By Mail to: American Institute of Homeopathy, c/o Sandra M. Chase, MD, DHT, Trustee,
10418 Whitehead Street
Fairfax, VA 22030

Use this form for Mail or Fax Registration Only

Cancellation and Refund Policy Available online at www.homeopathyusa.org