

REGISTRATION FORM

2014-2015 Certificate Course in Predictive Homeopathy

Sponsored by the American Institute of Homeopathy, Homeopathic Medical Society of the State of New York, and New York Medical College

To register by fax:

Send form to 504-838-9806

(Office of Irene Sebastian, MD, DHT, President, American Institute of Homeopathy)

To register by mail:

Send form to:

Irene Sebastian, MD, DHT

401 Veterans Blvd., Suite 203

Metairie LA 70005

Registration Fees for the Certificate Course

By August 1, 2014: (Add \$150 if paid after August 1)

\$1500 for Members of **Both** AIH and HMSSNY

\$1650 for Members of AIH **or** HMSSNY

\$1800 for All Other Registrants

Registration Fees for Individual Sessions

If paid more than 4 wks prior to seminar: (Add \$50 if paid less than 4 wks prior to seminar)

\$325 for Members of Both AIH and HMSSNY

\$375 for AIH **or** HMSSNY Members

\$425 for All Other Registrants

Important Notice Regarding Refunds

Because of the significant financial commitment to present this Certificate Course in *Predictive Homeopathy*, we are unable to offer refunds for the course or for individual sessions. Thank you for your understanding.

Attendee Name: _____ License / Credential: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Payment

Registration Fee: _____

If registering only for a single session, which session?

Sept 12-14 ___ Nov 7-9 ___ Jan 16-18 ___ Mar 13-15 ___ May 8-10 ___ July 17-19 ___

Payment Method: MC Visa AmEx Check Money Order

Credit Card # (if applicable): _____

Expiration Date: ___/___

Name on Credit Card: _____

Billing Address (if different from above):

Signature: