



## REGISTRATION FORM

### "Tackling Patients with Severe Pathology"

October 19 - 21, 2018

Sponsored by the American Institute of Homeopathy

#### To Register by Fax:

Send form to 845-876-2627

#### To Register by Mail:

Send form to:

American Institute of Homeopathy

6250 Route 9

Rhinebeck, NY 12572

## Registration Fees

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### Members of AIH and HMSSNY

#### Early Bird Registration (before July 21, 2018)

- Full 3-day 2018 Conference - \$445.50
- Attending only 2 of the 3 Conference days - \$405.00
- Attending only 1 of the 3 Conference days - \$202.50

#### Standard Registration (after July 21, 2018)

- Full 3-day 2018 Conference - \$495.50
- Attending only 2 of the 3 Conference days - \$450.00
- Attending only 1 of the 3 Conference days - \$225.00

### Non-Member Licensed Providers

#### Early Bird Registration (before July 21, 2018)

- Full 3-day 2018 Conference - \$495.50
- Attending only 2 of the 3 Conference days - \$450.00
- Attending only 1 of the 3 Conference days - \$225.50

#### Standard Registration (after July 21, 2018)

- Full 3-day 2018 Conference - \$550.50
- Attending only 2 of the 3 Conference days - \$500.00
- Attending only 1 of the 3 Conference days - \$250.00

### Students

#### Early Bird Registration (before July 21, 2018)

- Full 3-day 2018 Conference - \$225.00
- Attending only 2 of the 3 Conference days - \$180.00
- Attending only 1 of the 3 Conference days - \$90.00

#### Standard Registration (after July 21, 2018)

- Full 3-day 2018 Conference - \$250.00
- Attending only 2 of the 3 Conference days - \$200.00
- Attending only 1 of the 3 Conference days - \$100.00

#### Online Streaming Fee:

- Additional \$100

### Important Notice Regarding Refunds

Full Refunds (minus \$50.00 administrative fee) before July 21, 2018.

**No refunds after July 21, 2018.**

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Attendee Name: \_\_\_\_\_

License/Credential/Degree: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Registration Fee: \_\_\_\_\_

Payment Method: MC Visa AmEx Discover Check Money Order

Credit Card # (If applicable): \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Three Digit Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_