



2010 INTERNATIONAL CONFERENCE ON INTEGRATIVE MEDICINE – MAY 29, 2010

REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Website: _____

Method of Payment: Cheque \$ 100.00 Cash \$ 100.00

Terms and Conditions:

1. Registration for the conference must be postmarked **ON or BEFORE May 14, 2010** in order to guarantee your attendance as seating is limited.
2. All registration fees are NON-REFUNDABLE. Fees are payable by cheque, money order or cheque issued by your credit card company only.

✓ I have carefully read all and agree to the terms and conditions outlined above.

Name

Title

Signature

Date

Please mail completed form and payment to:

EBNMP™ Canada
112 – 2400 Midland Ave,
Scarborough, ON M1S 1P8
ATTN: 2010 Conference Committee

For Office Use Only

Date Rec'd:		Pymt Amt:		Cq#:	
Cq Date:		Name on Cq:			
Bank:					
Receipt #:		Ticket # :		Mail Date:	