

Obstetric Acupuncture to Promote Natural Labour & Postpartum Recovery workShop

San Diego • October 13 & 14, 2007 9am - 5:30pm

Registration Form

Early registration is highly recommended as space is limited. Consequently, these workshops have usually been selling out more than a month in advance. Attendance for both days is essential to learn the technique and to receive the full 15 CEU's.

_____ I will be attending the Obstetric Acupuncture Workshop in San Diego, California on October 13 & 14th, 2007

_____ I will not be attending this workshop but please put me on your mailing list for forthcoming workshops

Name as you would like it on your certificate _____

Day Phone _____ Evening Phone _____

Street _____ # _____

City _____ State _____ Zip _____

Email _____ Fax _____

This is my _____ home _____ work address

Cell phone or the number to reach you around the time of the workshop if other than the one above _____

Contact person/number in case of an emergency name > _____ number > _____

How did you hear about this workshop? colleague _____ mailing _____ email _____ Other _____ (Please specify)

Please check all that apply:

_____ I am a licensed acupuncturist in this/these state(s) _____

_____ I am a certified MD acupuncturist

_____ I am requesting proof of completion for CEU/PDA's

_____ I need information on local accommodations

_____ I need directions

Cancellation Policy

If cancellation is before August 30, 2007, a full refund minus \$50.00 processing fee. After August 30, 2007, there is no refund.

Please initial: _____ I have read the cancellation policy and agree to the terms. (MUST BE INITIALED)

OBSTETRIC ACUPUNCTURE WORKSHOP (15CEU FOR ACUPUNCTURISTS, PENDING)

_____ I have enclosed a check for the early registration rate for Licensed Practitioners for the total amount of \$275

_____ I have enclosed a check for the late registration rate for Licensed Practitioners for the total amount of \$350

_____ I have enclosed a check for the early registration rate for the Student/ABORM Board Member for the total amount of \$175

_____ I have enclosed a check for the late registration rate for the Student/ABORM Board Member for the total amount of \$225

_____ I would like to register for both workshops for an additional rate of \$100 added to the Obstetrics Acupuncture Workshop Fee

PAYMENT METHOD: check box for payment type

check (payable and mail to) REPRODUCTIVE WELLNESS

12625 High Bluff Dr., Suite 101 • San Diego, Ca 92130

Credit Card MasterCard Visa Discover AMEX

Card # _____

Expiration Date: _____ CVC Code (back) _____

▶ PLEASE NOTE: you will be contacted to confirm attendance. Please do not plan to attend without receiving confirmation

For More Information

Email: msklar@acupuncturesandiego.com Phone: Marc Sklar 877.843.7100 ext 512

Visit: www.acupuncturesandiego.com