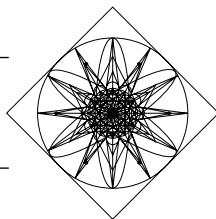


THE RENASCENT INTEGRAL HEALTH CENTRE

54 MAIN STREET EAST, MILTON, ONTARIO L9T 1N3 T 905.878.9994 F 905.878.9821

Mikhael Adams, B.Sc., N.D.
Doctor of Naturopathic Medicine



Alison Adams, D.Ac., O.A.A.T.C.M.
Traditional Chinese Medicine

AURICULOTHERAPY, AURICULAR MEDICINE & BIOENERGETIC MEDICINE — DVD ORDER FORM

Each set of workshop DVDs consists of 10-14 hours of recorded workshop material. All classroom material including overhead slides and demonstrations by Drs. Adams are included, but student hands-on practice sessions are not included.

The price for each set of workshop DVDs is \$275 plus GST (7%). The price for each set of workshop handouts is \$40 plus GST (7%).

DVDs	Notes	Qty	Qty
Weekend One	Auriculotherapy – March 24-25, 2001	_____	_____
Weekend Two	Auricular Medicine I – April 28-29, 2001	_____	_____
Weekend Three	Auricular Medicine II – June 9-10, 2001	_____	_____
Weekend Four	Case Studies/Energetic Medicine – September 8-9, 2001	_____	_____
Weekend Five	Drainage/Glycerine Macerates – October 20-21, 2001	_____	_____
Weekend Six	Complex Homeopathic Remedies – December 1-2, 2001	_____	_____
Weekend Seven	Complex & Single Homeopathic Remedies – January 12-13, 2002	_____	_____
Weekend Eight	Single Homeopathic Remedies – February 16-17, 2002	_____	_____
Weekend Nine	Nutrition, Treatment Protocols	_____	_____

Total: _____ VIDEOS _____ NOTES

Calculate the cost of the DVDs: $\frac{\text{QTY}}{\text{QTY}} \times \294.25 (\$275 plus GST) = _____

Calculate the cost of the Notes: $\frac{\text{QTY}}{\text{QTY}} \times \42.80 (\$40 plus GST) = _____

Less 10% discount (\$284.35) if ordering all 9 weeknds - _____

TOTAL Amount Due (CDN) \$ _____

Shipping charges will be handled on an individual basis at the most reasonable rate available to your area.

Name: _____

Country: _____

Degree(s): _____

Postal Code/ZIP: _____

Address: _____

Email: _____

Suite: _____

Phone (Work): _____

City: _____

Phone (Home): _____

Prov/State: _____

Fax: _____

Payment Options: Please check one of the following. (*Note: All fees are in Canadian Dollars*).

☐ Visa ☐ MasterCard ☐ Cheque or money order (payable to Renascent Integral Health Centre)

I authorize Renascent Integral Health Centre to debit my Visa or MC for the amount of \$ _____ CDN upon receipt of this order.

Credit Card #: _____ Exp. Date: _____ Signature: _____

Please fax completed form to 905.878.9821

Or mail to: Renascent Integral Health Centre, 54 Main Street East, Milton, ON Canada L9T 1N3 Tel.: 905. 878. 9994