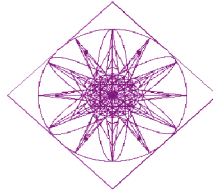


AURICULOTHERAPY, AURICULAR MEDICINE & BIOENERGETIC MEDICINE REGISTRATION

MILTON ONTARIO
SEPTEMBER 2007 TO JUNE 2008
905.878.9994



WITH
DR. MIKHAEL ADAMS N.D.
WWW.INTEGRALHEALTH.CA

AURICULOTHERAPY, AURICULAR MEDICINE & BIOENERGETIC MEDICINE
NINE WORKSHOP SERIES SEPTEMBER 2007 TO JUNE 2008
REGISTRATION DEADLINE JULY 31, 2007

Name: _____ Country: _____
Date: _____ Postal Code/Zip: _____
Address: _____ Email: _____
City: _____ Phone (Day) _____
Prov/State: _____ Fax: _____

INDIVIDUAL WEEKEND REGISTRATION

Those who have studied Auricular Medicine with Dr. Adams previously have the opportunity to register for individual weekends. Each weekend is \$550.00 + 33.00 GST = \$583.00. A 15% deposit will be required upon registration. Please indicate which weekend(s) you would like to attend and complete the appropriate payment option.

Please list the weekend(s) requested: _____

Weekends X \$583.00 per weekend = _____

Payment Options please check one:

_____ Cheque or money order enclosed and payable to Renascent Integral Health Centre

_____ Visa

_____ Master Card

I authorize Renascent Integral Health Centre to debit my Visa or Mastercard (please circle one) in the amount of \$ _____ (enter 15% of total for deposit) upon receipt of this registration and the balance of \$ _____ on September 4, 2007.

Credit Card # _____

Expiry Date: _____

Signature: _____

Please fax your completed form to the Renascent Integral Health Centre 905.878.9821
or Mail to Renascent Integral Health Centre 54 Main St., Milton ON., L9T 1N3
for further information or enquiries please contact Anita Wintels, anita@integralhealth.ca