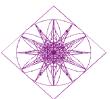
AURICULOTHERAPY, AURICULAR MEDICINE & BIOENERGETIC MEDICINE REGISTRATION

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:	
NIN	E WORKSHO	P SERIES FEE: \$4,50	0.00 + 270.00 GST = \$ 4,770.00 CDN	
Prog	ram are eligible f	for a 50% discount on the	l Naturopathic College or University Medical workshop fee. Proof of enrollment is required. 878.9994 for more details.	
Pleas (1)	se circle one payment option. Cheque or money order enclosed in the amount of \$4,770 CDN (\$4,500+270 GST) payable to Renascent Integral Health Centre			
2)	Post dated cheques enclosed: You may make the initial \$675 deposit, due with this form and also send at the same time 9 post dated cheques in the amount of \$455.00. Please make the cheques payable on the 1st of each month, including September 1 to November 1, 2007 and January 1 to June 1, 2008 (There is no payment due in December). Cheques are payable to Renascent Integral Health Centre.			
3)	Visa	\$4,500 + 270 GST = \$4	4,770.00 CDN	
4)	Master Card	\$4,500 + 270 GST = \$4	4,770.00 CDN	
5)	I authorize Renascent Integral Health Centre to debit my Visa Mastercard (please circle one) the initial \$675 deposit with this registration and after that the amount of \$455.00 the first of each month including September 1 to November 1, 2007, and January 1 to June 1, 2008 (nine payments). Total charged \$4,770.00			
Credit Card #			Expiry Date:	
Signa	ture:			
				

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