REGISTRATION FORM

OMM Advanced Approach REGISTR Whole Body Integration with Special Section on the Pregnant Patient

December 7-8, 2013, Biddeford, Maine

Please Print/Type:

First Name	Degree	
n)		
State	Zip	
Cell Phone		
	State	

Special Services: If you require special services (i.e. dietary needs, assistance with walking, etc.) to fully participate in this training program, please let us know.

Cancellations/Refunds: Participants who withdraw two weeks prior to the workshop may receive a refund less a \$75 processing fee. Withdrawals fewer than two weeks prior are not eligible for a refund. If UNE cancels the workshop, participants will receive a full refund.

Registration Fee: \$650.00

Includes refreshment breaks and lunch on Saturday

Payment Method:

Payment enclosed: ____ Visa ____ Mastercard ____ Discover ____ Check

Credit Card #

Expiration Date

Name as it appears on the card

3-Digit Security Code (on back of card)

Cardholder Address if different from registration information

JOIN US

December 7-8, 2013 UNE Biddeford Campus Saturday 8:00 am – 5:00 pm Sunday 8:00 am – 12:00 pm

REGISTER EARLY!

REGISTRATION DEADLINE:

November 20, 2013

Please return this registration form to:

UNECOM Department of CME Attn: Suzanne Lavigne Phone: (207) 602-2408 Email: <u>cme@une.edu</u> Website: <u>www.une.edu/com/cme</u>

Mail check payment to:

UNECOM Department of Continuing Medical Education 11 Hills Beach Road, Stella Maris #238 Biddeford, ME 04005

Or FAX with Credit Card Payment to: (207) 602-5957

Cardholder Signature