

2010 A.W.E. Application

April 2-4, 2010 - Denver, Colorado

Name _____ Male Female Age _____

Address _____

City _____ State _____ Zip _____ Country _____

Home phone _____ Office phone _____

Fax _____ E-Mail _____

Are you currently in Network Care? Yes No

Name of your NSA Practitioner _____

Are you a: Practice Member D.C. Chiropractic Student C.A. D.C. Spouse SRI WE

In Order to Apply for the Program we must receive the following with this application:

- A.W.E. Personal Care Form
- Signed A.W.E. Statement of Intent Form
- A.W.E. Practitioner's Form
- Photo of Yourself
- A \$250.00 Application Processing Fee

*Please note: Application will not be considered complete until ALL of your information has been received.

Your application-processing fee will be applied toward your program fee of \$1495. **Register by March 1st and save \$50!**

The balance will not be charged until your registration has been confirmed. This will only be refunded if your application is not accepted by Wise World Seminars. Your program fee covers the **program only**.

Travel, lodging and food expenses are the responsibility of the attendee.

Credit Card for Application Processing Fee: Visa MasterCard

_____/_____/_____/_____ Exp. Date ____/____/____

Signature _____

Indicate your intended form of payment for the program*:

Credit Card (same as above) Check (to Wise World Seminars) Cash

Credit Card (other- please fill in): Visa Mastercard

_____/_____/_____/_____ Exp. Date ____/____/____

Signature _____

Additional payment instructions: _____

Wise World Seminars

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Fax: 303.678.8089

Email: info@wiseworldseminars.com