

INTEGRATIVE PRACTICE: REORGANIZATIONAL HEALING

COMO, ITALY & DENVER, COLORADO REGISTRATION FORM



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1 SEMINAR

Please check the program that you are registering for:

- Como, Italy - March 23-25, 2007
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2 PROGRAM INVESTMENT

Are you registering for more than one person?

- Yes, I am bringing _____ additional people for \$250 each with my regular enrollment of \$425*
 No, I am registering a Single Enrollment for \$425

BONUS! SAVE AN ADDITIONAL \$50 PER ATTENDEE

Save \$50 per person when this completed registration is received at least 2 weeks prior to the event.

*Special Offer: When one single enrollment is purchased, each additional enrollment on the same registration form may be purchased at the discounted rate of \$250.00. Limit 3 enrollment reduced rates per form.

3 YOUR INFORMATION

First Name: _____

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I am a Chiropractor SRI Wellness Educator
 Chiropractic Student Other _____

Chiropractors Only:

- Yes, I would like to apply for CE Credits (\$50 USD fee will apply)
 No CE Credits

4 ADDITIONAL ATTENDEE INFORMATION

SPECIAL OFFER ENROLLMENT 1

First Name: _____ Last Name: _____ Email: _____

I am a: Chiropractor Chiropractic Student SRI Wellness Educator Other _____

Chiropractors Only: Yes, I would like to apply for CE Credits (a \$50 USD fee will apply) No CE Credits

SPECIAL OFFER ENROLLMENT 2

First Name: _____ Last Name: _____ Email: _____

I am a: Chiropractor Chiropractic Student SRI Wellness Educator Other _____

Chiropractors Only: Yes, I would like to apply for CE Credits (a \$50 USD fee will apply) No CE Credits

SPECIAL OFFER ENROLLMENT 3

First Name: _____ Last Name: _____ Email: _____

I am a: Chiropractor Chiropractic Student SRI Wellness Educator Other _____

Chiropractors Only: Yes, I would like to apply for CE Credits (a \$50 USD fee will apply) No CE Credits

5 METHOD OF PAYMENT *CE applicants! Remember to add any applicable CE fee(s) to your payment total.*

Check # _____ for \$ _____ is enclosed (payable in **USD** to Wise World Seminars) **OR:**

Please charge my enrollment fee(s) of \$ _____ to my Visa Mastercard

Card# _____ / _____ / _____ / _____ / Exp _____

Signature: _____

Cancellation Policy: Refunds will be made if cancellation request is received in writing 14 days prior to seminar (less than 14 days a \$100 fee will apply per person). Note: Applications will be accepted on a space available basis. Dates and Locations subject to change.



MAIL REGISTRATION



FAX REGISTRATION

COMO, ITALY PROGRAM:

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DENVER, CO PROGRAM:

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