

"Getting Well With Food and Nutrition"

International College of Integrative Medicine, Fall 2008

Sheraton Station Square Hotel, Pittsburgh PA

300 West Station Square Drive

412-803-3852 (ask to be in the "ICIM BLOCK")

REGISTRATION

Please print clearly. Use a separate form for each person.

Name (to appear on nametag)		Degree(s)	E-mail	
Street Address		City	State	Zip
Phone	Fax		Name of Practice	
ICIM member? <input type="checkbox"/> yes <input type="checkbox"/> no	Affiliation: <input type="checkbox"/> MD/DO <input type="checkbox"/> Int'l <input type="checkbox"/> Associate <input type="checkbox"/> Retired <input type="checkbox"/> Spouse <input type="checkbox"/> Staff <input type="checkbox"/> Student			

Integrative Office Staff Training Program	Friday, Oct 3 – Saturday, Oct 4 (attendees of this program are welcome to join the Main Congress on Sunday at no extra cost)	Office Staff \$300 (each additional registrant from the same office, take \$50 off)	\$
	Lead-In Workshop	Wednesday Oct 1-Thursday Oct 2 <input type="checkbox"/> Metal Toxicity and the Impact on Human Health, Remedies and Rationale	Workshop Fee: ICIM Member, Physician - \$500 <input type="checkbox"/> Non-member - \$575 <input type="checkbox"/>
Main Congress	Oct 3-5 "Getting Well with Food and Nutrition"	Conference Fee: ICIM Member, Physician - \$500 <input type="checkbox"/> ICIM Member, Int'l - \$400 <input type="checkbox"/> Non-member - \$575 <input type="checkbox"/> ICIM Member, Retired - \$300 <input type="checkbox"/> Associate / Staff - \$300 <input type="checkbox"/> Spouse / Guest - \$300 <input type="checkbox"/> Student / Resident - \$125 <input type="checkbox"/>	\$
	Spouse/Guest is welcome to join us for dining!	Food Only ,1 day - \$70 <input type="checkbox"/> 2 days - \$120 <input type="checkbox"/>	\$
	Could you serve as a mentor at this meeting? Donate to the William Mitchell Scholarship Fund	Donation (minimum \$50)	\$
	Walk in Fee (applicable after Oct 1)	Walk in Fee \$50	\$
TOTAL			\$

Please mail along with payment to:
International College of Integrative Medicine
P.O. Box 271, Bluffton, OH 45817
 or fax to: 610-680-3847
 phone: 419-358-0273

Cancellations:
 Full refund less \$75 administrative fee if cancelled prior to Oct 1, 2008. No refunds issued after Oct 1, 2008.

Walk in Fee:
 All registrations received after Oct 1 will be charged a penalty of \$50

<input type="checkbox"/> check # _____ (payable to ICIM)
<input type="checkbox"/> credit card (for your protection ICIM discourages faxing or emailing credit card information)
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> American Express
Card#: _____
Exp. date: _____ Security code: _____ (Security code required – 3 or 4 digits on back of card)
Name on card: _____
Signature: _____
Today's date: _____