

International College of Integrative Medicine 2009 Fall Meeting Registration: October 2-4, Grand Rapids, MI

Please print clearly and 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/ND/DC <input type="checkbox"/> Associate (RN, DOM, PA, PhD, CRNP, LPN) <input type="checkbox"/> Retired <input type="checkbox"/> Guest <input type="checkbox"/> Student/Resident			

8am, Oct 2-4pm, Oct 4	Advanced Course in Metal Toxicity II, The Impact on Human Health, Remedies and Rationale: Use by Terrorists of Compounds with Chelation Remedies	ICIM Member/Non-member - \$600/ \$675 <input type="checkbox"/>	\$
8am, Oct 3-4pm, Oct 4	“Detoxification”	Member/Non-member - \$500/\$575 <input type="checkbox"/> One day only \$400 <input type="checkbox"/> Associate, Staff, Retired, Overseas- \$300 <input type="checkbox"/> Spouse, Guest, Student- \$200 <input type="checkbox"/> CD set recording \$100 <input type="checkbox"/>	\$
8am-6pm Oct 3 <i>Affiliates included with Main Congress on Oct 4</i>	Affiliate Program A Primer Of Natural Therapeutics: An Introduction To Certification In Dietary Supplement Counseling	Affiliate Office Staff \$300 <input type="checkbox"/> (each registrant from the same office, take another \$50 off)	\$
	<i>Late Fee (after September 28)</i>	<i>Late Fee \$75</i>	\$
	<i>*Registration includes breakfasts, breaks, Friday reception, Saturday dinner and Sunday box lunch</i>	TOTAL	\$

Mail: ICIM, P.O. Box 271, Bluffton, OH 45817
Fax: 610-680-3847, or Phone: 419-358-0273

Cancellations:

Full refund less \$75 administrative fee if cancelled prior to September 28, 2009. No refunds issued after September 28. We are happy to hold credit card numbers and charge it on a convenient date for you. All payments are due before the meeting.

Hotel Reservations:

Amway Grand Plaza Hotel
187 Monroe NW, Grand Rapids, MI
(616) 774-2000
Special Room Block Rates until August 30

check # _____

or credit card (for your protection ICIM discourages faxing or emailing credit card information)

VISA MC Am Ex Discover

Card#: _____

Exp. date: _____ Security code: _____

(Security code required – 3 digits on back of card, or 4 digits on front of American Express Cards)

Name on card: _____

Signature: _____

Charge date: _____