

2009 Spring Meeting Registration

March 12-15, Indianapolis, IN

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"/> Associate <input type="checkbox"/> Retired <input type="checkbox"/> Guest <input type="checkbox"/> Staff <input type="checkbox"/> Student			

Lead-In Workshop (check one)	<input type="checkbox"/> "Theoretical Basis for Integrative Cancer Care" Thursday March 12	Workshop Fee: ICIM Member - \$400 EFT <input type="checkbox"/> Non-member - \$475 EFT <input type="checkbox"/>	
	<input type="checkbox"/> "Bringing the Magic of EFT to a Clinical Practice" March 12		
Chelation Affiliate Staff Training	Friday March 13 -Saturday March 14 (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 another \$50 off)	\$
Main Congress	March 13-15 "Seeking Global Advances in Healthcare"	Conference Fee: ICIM Member, Physician - \$500 <input type="checkbox"/> Non-member - \$575 <input type="checkbox"/> ICIM Member, Retired - \$300 <input type="checkbox"/> Associate / Staff / Guest - \$300 <input type="checkbox"/> Student / Resident - \$125 <input type="checkbox"/>	\$
	Your Spouse/Guest is welcome to join us for dining!	Food Only ,1 day - \$70 <input type="checkbox"/> 2 days - \$120 <input type="checkbox"/>	\$
Saturday Night Dinner	Chappell Dinner and Benefit Art Auction, honoring L. Terry Chappell's work in ICIM	\$50 <input type="checkbox"/>	\$
	Late Fee (after March 9)	\$75	\$
TOTAL			\$

*Registration fees include breakfast and lunches

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

Cancellations:

Full refund less \$75 administrative fee if cancelled prior to March 9, 2009. No refunds issued after March 9. We are happy to hold charge credit card numbers and charge them on a convenient date for you. All registration fees are due prior to the meeting; invoices are subject to interest.

For Hotel Reservations, contact

Marriott Indianapolis North
3645 River Crossing Parkway
800-228-9290

and ask to be placed in the "ICIM Room Block"

<input type="checkbox"/> check # _____ (payable to ICIM)
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 <input type="checkbox"/> Discover
Card#: _____
Exp. date: _____ Security code: _____ <small>(Security code required - 3 or 4 digits on back of card)</small>
Name on card: _____
Signature: _____
Today's date: _____