

Level I *NeuroIntegraton Training*

Date & Location: _____

Presented By: Dr. Richard Soutar and Denise Hetrick

WORKSHOP REGISTRATION FORM

Personal Information

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Email Address: _____

Business Information

Clinic Name: _____
Specialty: _____
Work Phone: _____
Work Fax: _____

Price and Location

2 Day Course with Dr. Richard Soutar
\$695.00 Per Member
Location: _____
Date: _____
Total Charge \$ _____

Additional Registrants

Name: _____
Email: _____
Name: _____
Email: _____

Credit Card Information

Visa, MC, Discover, Amex (Circle One)

Name on CC: _____ CC Billing Address _____
City, State, Zip: _____

CC# _____ EXP: _____ CVC Code: _____

I authorize Clear Mind Center to charge my credit card in the amount indicated.

Signature X _____

Check Information

Check # _____

Payable to Clear Mind Center

Attendees are responsible for their own transportation, lodging and meals, which are not included in the registration fee. Hotel information will be sent to you upon receipt of registration. A block of rooms will be held of attendees. Cancellation/Refund Policy: Cancellations must be received 7 days prior to workshop. Cancellations made within the 7-day period will be subject to a \$25.00 processing fee. If you cannot attend, a qualified substitute may attend in your place or you may choose to attend one of the other scheduled workshops.

How to

To Register: Fax form to: (949) 726 - 0700 or Email to admin@clearmindcenter.com |