

**Level 2 Advanced** *NeuroIntegraton Training \*Requires Level 1 training completion\**

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](mailto:admin@clearmindcenter.com)