

GUEST SEMINAR REGISTRATION FORM

SEMINAR NAME: One Day Intensive Toronto

DATE: Saturday February 8, 2014

LOCATION: Four Points By Sheraton Toronto Airport Hotel 6257 Airport Rd,
Mississauga, ON L4V 1E4

Room: Kingston

Dr. Name(s) (First/Last): _____

C.A. Names (First/Last): _____

Event Attending (Specify): _____

Clinic Name: _____

Address: _____

City: _____ **Province/State:** _____

Postal/Zip Code: _____

Phone: _____ **Fax:** _____

E-mail: _____

Amount: Doctors: \$197.00 (CAD) CA's \$47.00 Students: \$47.00

Card #: _____ **Expiry:** _____

Authorized Signature: _____

Heard about seminar from: _____