

Optimal Health

Through Integrative Medicine

November 5-7, 2010 :: PARIS LAS VEGAS

Attendee Registration Form

First Name _____

Last Name _____

Credentials

E-mail (required) _____

Name as it should appear on your badge _____

I am a member or returning attendee (Skip to course selection)

Address _____

City / State / Zip _____

Phone Number _____

MD

DO

ND

DC

LAc

PhD

Student

Resident

Other _____

Attend everything with a passport

Education Summit Passport - All Workshops & General Session

Members-only: \$999

What workshop(s) will you attend? Chelation IM 101 Nautal Med Hbot Musculoskeletal

Note: Select ONE two-day course or up to TWO one-day courses

Fax to:

949.309.3538

Call us:

1-800-532-3688

Online:

www.acam.org

Mail to:

ACAM
8001 Irvine Center Drive
Ste 825
Irvine, CA 92618

A-la-carte courses

General Session - "Frontiers of Integrative Medicine"

15.5 AMA PRA Category 1 Credits

Member: \$649 Non-Member: \$840 Nurse/Non-Physician: \$399

Chelation Therapy Training 2-Day Course

Member: \$629 Non-Member: \$689 Nurse/Non-Physician: \$499

Natural Medicine - Advanced ND Education 2-Day Course

Member: \$629 Non-Member: \$689 Nurse/Non-Physician: \$499

Hyperbaric Oxygen Therapy 1-Day Course

Member: \$329 Non-Member: \$375 Nurse/Non-Physician: \$249

Integrative Medicine 101 2-Day Course

Member: \$349 Non-Member: \$449 Nurse/Non-Physician: \$349

Toxic Exposure Related Chronic Musculoskeletal Conditions
1-Day Course

Member: \$325 Non-Member: \$375 Nurse/Non-Physician: \$249

Calculate your total:

Have an offer code?

List it here:

By submitting this form, you authorize ACAM to bill you for the courses and materials ordered. Non-members or members with lapsed renewal status registering as members will be charged the appropriate annual membership rate.

Cancel by Feb 15 without penalty. After Feb 15 no refunds will be issued.

Add-ons

Paper Workbooks \$40 flat-rate upgrade fee.

Guest meal tickets: \$50 each. One needed for each lunch you wish to bring a guest to. Specify how many _____

Payment Information

Check Enclosed (Make Payable to ACAM, Checks may be processed as an electronic debit)

Credit Card Number _____

Expiration Date _____

Name on Card _____

