

**CANADIAN ACADEMY OF HOMEOPATHY
REGISTRATION FORM FOR LIVE COURSES**

Today's date: _____

SEND this completed form to C.A.H. FAX: (514) 279-0111
MAIL: 1173, Mont Royal Boulevard, Outremont, Quebec, Canada, H2V 2H6

Name: _____
 Address: _____
 City, State/Province: City: _____ S./P.: _____
 Country, Postal Code/Zip: Country: _____ P.C./Zip: _____
 Phone: Day: () _____ Evening: () _____
 Email: _____
 Contact person in case of emergency: Name: _____ Phone: () _____

Professional degree(s)/specialities: _____
 How many years have you been studying and/or practicing homeopathy? _____
 With which teacher/program have you studied homeopathy? _____
 How did you hear about these courses? _____
 Are you a non-professional and auditing the course? _____

(If so, please bring a medical dictionary to class to aid you in understanding medical terms, which will not be defined).

Are you planning on staying on campus residences? YES NO
 Do you need hotel information? YES NO
 Are you interested in CME credits? YES NO
 Will you be bringing a lap top with you? YES NO

| COURSES | DATES | REGISTRATION | |
|--|------------------|---|--------------------------------|
| | | REGULAR PRICE | EARLY* |
| III. Illustrated Comparative Materia Medica Pura <input type="checkbox"/> LIVE <input type="checkbox"/> ONLINE | June 11-15, 2012 | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$600 |
| REGISTER FOR A SECOND COURSE AND GET AN EXTRA 10% DISCOUNT. | | <input type="checkbox"/> -10% | <input type="checkbox"/> -10% |
| *Before April 1, 2012 **Offer valid for the 2012 live courses only | | SUB-TOTAL (CND \$) _____ TAXES (14.975%) _____ GRAND TOTAL (CND \$) _____ | |
| PAYMENT | | | |
| <input type="checkbox"/> Personal check | | | |
| <input type="checkbox"/> VISA or MASTERCARD # _____ Exp. date (month/year): _____ Name on the card: _____ Signature: _____ | | | |
| All prices are in Canadian dollars and are subject to change with 30 days notice. | | | |