

# CANADIAN ACADEMY OF HOMEOPATHY REGISTRATION FORM FOR INTERNATIONAL HAHNEMANNIAN STUDY GROUP

*WEBINARS FOR YEAR 2012 with André Saine live on the web*

**SEND this completed form to C.A.H.**

**TODAY'S DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 MAIL: 1173, Mont Royal Boulevard, Outremont, Quebec, Canada, H2V 2H6

Last Name: \_\_\_\_\_ Prefix/Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Phone: Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Email (Required): \_\_\_\_\_

Medical training: \_\_\_\_\_ Years of Practice: \_\_\_\_\_

Homeopathic Training: \_\_\_\_\_ Years of Practice: \_\_\_\_\_

Area of specialization (if applicable): \_\_\_\_\_

What homeopathic software do you use in practice: \_\_\_\_\_

How did you hear about this webinar? \_\_\_\_\_

**IMPORTANT:** All participants will need to purchase a standard desktop/laptop microphone to use during study group webcasts. Participation limited. All sessions will be led by Dr. Saine and web cast live, allowing for full participant interaction. **Sessions will also be archived and available to participants only.** After you register, you will receive an email confirmation of your registration, log-in instructions and case submission guidelines. We hope you can join us for what promises to be one of the most important collaborative initiatives in pure homeopathy in years.

**DATES OF WEBINARS:**    Jan. 17 & 18    Feb. 21 & 22    Mar. 20 & 21    Apr. 17 & 18    May 15 & 16  
                                  June-Aug. OFF    Sept. 11 & 12    Oct. 16 & 17    Nov. 13 & 14    Dec. 11 & 12

**CHOSEN WEBINAR COURSES 2012**

**REGISTRATION  
REGULAR PRICE**

Tuesday Session     Wednesday Session

\$495 CND

**TOTAL (CND \$)** \_\_\_\_\_

*All price are in canadian dollars and are subject to change with 30 days notice. Taxes are included.  
 \* New member as to register at the same time.*

**PAYMENT**

VISA or MASTERCARD

Personal check

# \_\_\_\_\_ Exp. date (month/year): \_\_\_\_\_

Name on the card: \_\_\_\_\_

Signature: \_\_\_\_\_