Registration Form: 9th International Symposium of Ayurveda and Health THE GRAY ZONE: LONGEVITY AND WELLNESS

September 28-29, 2018

Please print or type

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Last Name	First Name	Middle Initial	Degree	
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Address	City, State, Zip			

Daytime Phone e-mail_

Please note: Your e-mail address is used for information: registration confirmation, course evaluation, certificates information and communications. Please be sure to include an e-mail address you check daily or frequently.

Institution/Affiliation_____Specialty/Area of interest _____

200.00 175.00	\$300.00 \$225.00
175.00	\$225.00
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\$50.00	\$70.00
\$75.00	\$125.00
200.00	\$200.00
	\$75.00

REGISTRATION INCLUDES S	ATURDAY BRE	AKFAST, TWO TEA BREAKS AND LUNCH
*Membership forms are avail	able on ISAH w	ebsite
Registration Fee:		
+CME processing Fee	\$200	
Total Amount Enclosed		
Make Check payable to	ISAH	
Mail to:	Post Box 27 W. Hartford CT-06127-17	d
Please attach the	filled registration	n form with your check, Do Not Staple
SignaturePavme		

CANCELLATION POLICY

Refund of the registration fees with a deduction of 50 % for administrative costs will be granted for all written cancellations received no later than July15s, 2018, after that date no refund of registration fee will be accepted/provided