

Registration Form: Designer Medicine Beyond Genes October 18-20, 2013

International Symposium for Ayurveda & Health (ISAH)

(Please print or type)

Last Name _____ **First Name** _____ **Middle Initial** _____ **Degree** _____

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 _____ **Specialty/Area of Interest** _____

REGISTRATION INCLUDES SATURDAY AND SUNDAY BREAKFAST

FULL CONFERENCE FEES	Early Ends August 25 2013	Full Ends October 1, 2013	Late After October 1 2013
General & International	\$300.00	\$395.00	\$495.00
* ISAH Member	\$260.00	\$325.00	\$400.00
Student ** e-mail for Eligibility			
Accompanying member	\$200.00	\$250.00	\$250.00
CME processing fee+	\$100.00	\$100.00	\$100.00
Saturday only	\$100.00	\$110.00	\$125.00

*Membership forms are available on ISAH website

Total Amount Attached -----

Make Check payable to **ISAH**

Mail to: **Post Box 271737**
 W. Hartford
 CT-06127-1737, USA

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 September 1st, 2013, after that date no refund of registration fee will be provided

For information please contact Dr. Amala Guha: e-mail: aguha1@att.net

Websites: <http://casc.uchc.edu>; www.ayurvedahealth.org

Please attach the filled registration form with your check, Do Not Staple. Payments received without the registration form will not be accepted.

Signature -----

Date -----