Fellowship Program Registration Form

RenaiSanté Institute of Integrative Medicine

Month | Day | Year

First Name | Last Name

Practitioner #

Address

City | Prov / State | Postal Code / Zip Code

Tel # ___-___-____ | Ext | Credit Card #

Fax # ___-___-____ | PIN | *Auth #* | VISA / M/C | Expiry Date

E-mail

What is your professional designation?

- ☐ Chiropractor
- ☐ Dentist/Oral Surgeon
- ☐ Naturopath
- ☐ Nurse Practitioner
- ☐ Registered Nurse
- ☐ Registered Dietician
- ☐ Regist.Nutr.Consultant
- ☐ Clinical Nutritionist
- ☐ Pharmacist
- ☐ Phys/Surg/Medical Spec
- ☐ Physiotherapist
- ☐ Pharmacist Assistant
- ☐ Pharmacy Technician
- ☐ Dr. of Osteopathic Med
- ☐ Regist Massage Therap
- ☐ Student/Intern (Describe Profession): _____

Age Range

- ☐ under 25
- ☐ 25-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50
- ☐ 51-55
- ☐ 56-60
- ☐ 61-65
- ☐ 66-70
- ☐ over 70

Gender

- ☐ M
- ☐ F

How did you hear about Fellowship Program?

- ☐ Mail
- ☐ Email
- ☐ Fax
- ☐ Colleague
- ☐ Website
- ☐ Trade Show
- ☐ Professional Publication
- ☐ Print Advertisement
- ☐ Other _____

How long have you been in your current profession?

- ☐ < 5 Years
- ☐ 5-10 Years
- ☐ > 10 Years

At what school did you earn your professional designation?

If using a coupon, please enter the code that appears on the coupon

	(Circle applicable price)
FELLOWSHIP PROGRAM FOR HEALTHCARE PROFESSIONALS & HEALTHCARE STUDENTS	$1195 CND / $1095 US
Special Offer (if applicable)	
Notes:	SUB-TOTAL
	GST/HST (as applicable)
	TOTAL

11/25/04

3800 Steeles Avenue, W, Suite 201W Woodbridge, ON L4L 4G9 Tel: (Toll free) 1-866-287-4111 Fax: (Toll free) 1-888-781-3030