

**DR. SUJIT CHATTERJEE | HOMEOPATHIC SEMINAR | MAY 19 - 22, 2011  
THE UNIVERSITY PLACE HOTEL  
310 SW Lincoln Street, Portland OR 97201**

Please complete and return this registration form with your registration fees.

**1. REGISTRATION INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**2. REGISTRATION FEES**

Seminar Fee **\$500**

Early Bird Fee (Postmarked before May 1, 2010) **\$400**

Seminar Fee [Student] **\$250**

Early Bird Fee [Student] (Postmarked before May 1, 2010) **\$200**

**3. FORM OF PAYMENT**

Check enclosed \_\_\_\_\_ (made payable to ADB)

Credit Card (If you prefer, you may call with your card information):  
(503) 901-3345

**(circle one) Visa M/C**

Number: \_\_\_\_\_

Name on Card (PLEASE PRINT): \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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

Thank you for your registration. We look forward to seeing you.  
Please complete this form and mail it with payment to:

**ADB  
1312 E Burnside St.  
Portland, OR 97214**

**REFUND POLICY:**

- Cancellations will be refunded less a \$50 service charge until 2 weeks before the seminar (5/5/2011)
- Cancellations after 5/5/2011 will be refunded 50%.