

DR. SUJIT CHATTERJEE | HOMEOPATHIC SEMINAR | MAY 20– 23, 2010
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 (5/6/2010)
- Cancellations after 5/6/2010 will be refunded 50%.