

**DR. SUJIT CHATTERJEE | HOMEOPATHIC SEMINAR |
PORTLAND, OREGON 2012**

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 **\$450**

Early Bird Fee (Postmarked before April 1, 2012) **\$400**

Student Fee: **\$250**

Early Bird Student Fee (postmarked before April 1, 2012): **\$200**

3. FORM OF PAYMENT

Check enclosed _____ (made payable to ADB)

Credit Card (If you prefer, you may call with your card information
(503) 388-8685

Email: drsujitportland@gmail.com

(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**

CANCELLATION POLICY:

- Cancellations will be refunded less a \$50 service charge until 4/1/2012
- Cancellations after 4/1/2012 will be refunded 50%.