

REGISTRATION FORM

Please print neatly

Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Home Phone: _____ Work phone: _____

E-mail: _____

Payment Information – Please print neatly

Method of Payment: Check Cash Visa/MasterCard American Express

Name (as on card) _____

Billing Address (if different) _____
Postal Code _____

Card No. _____ CVV2* _____ Exp. Date _____

*CVV2 is the 3-digit code in signature area on back of card for VISA/MC/Discover

*CVV2 is a 4-digit non-embossed code on front of AmEx

Level of participation (check one): Active Participant Participant Guest

Signature: _____ Amount Paid: _____

Remaining Balance: _____

To register call 403 398-6110 or e-mail: coordinator@pathwaymedicine.com

Make checks payable to: Pathway Medicine Inc.

Mail to:

**Pathway Medicine Inc
1405 15th St SW
Calgary AB, T3C 1G4**

If you have any physical limitations of any kind, or medical conditions, or schedule of taking medication – please kindly let us know:

Referred by: _____

Registration and Cancellation Policy

- 1) You can register over the phone at **403-398-6110**, or via e-mail **info@pathwaymedicine.com**
You will need your Registration Form filled and signed.
The form can be faxed to the confidential **fax number 403-313-0118**.
- 2) 50% deposit is required to hold your place.
- 3) Full payment required to be processed for at least 10 days before Workshop start day.
- 4) Cancellations received for less than 14 days before the seminar have a non-refundable processing fee of \$150.00
- 5) In case of any unforeseen circumstance or emergency the full deposit can be applied towards any future seminars.
- 6) All personal information will remain private and confidential for instructor use only.