

CEU Seminar Registration

Date: _____

Phone: _____

Name: _____

Degree: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

TUITION:

Healthcare Professional - \$199.00

DC Student, Non-licensed support staff/spouse - \$99.00

Add \$30 for CEU Fees

4 Mandatory Hours ONLY - \$100.00

Seminar Manual ONLY - \$25.00 + \$5 Shipping

NOTE: ADD \$20.00 TO FEES IF SENDING THIS THE WEEK OF THE SEMINAR. These are early registration fees and it goes up an additional \$20.00 the week of the seminar.

SEMINAR DATES:

February 18-19, 2012

May 5-6, 2012

July 28-29, 2012

September 29-30, 2012

FAX:

Fax this form with credit card information to 817-563-6958

TO MAIL A CHECK:

Please make out checks as follows AND send with this completed form to:
(checks must be mailed no later than the Friday of the week before the seminar – no exceptions)

Standard Nutritional Seminars

P.O. Box 40584

Fort Worth, TX 76140

BY PHONE:

(817) 845-8325 or (817) 851-4049

(72 Hour Cancellation Notice Required for Refunds)

CC# _____ Exp. Date _____

CVV Code _____

Check No. _____

Signature for CC Authorization _____

I hereby authorize the above payment and understand that there are no refunds within 72 hours of the seminar and cannot be transferred. I understand that the information at these seminars is not intended to provide medical advice and nothing in it should be construed as a prescription for any disease or symptom. These seminars are for educational purposes only. Standard Process of North TX & Standard Nutritional Seminars disclaim any liability, loss, or risk incurred, directly or indirectly as a result of the use and application of the information provided during this course. If you are unwilling to be bound by this disclaimer, you should refrain from applying for this course.

Signature _____