



1050 E. WARDLOW ROAD • LONG BEACH, CA • 90807
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SEMINAR REGISTRATION

Seminar Orlando, Florida Date October 26-27, 2007

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Total # of staff _____

List Names (separate by comma) _____

Referred by (how did you hear about us) _____

_____ FEE \$229.00 FOR Doctor/Attendee \$100 off if signed up
Before Sep. 30th, '07
_____ \$79.00 FOR SECOND DOCTOR
_____ \$35 for STAFF (Unlimited)

TOTAL \$ _____

Method of Payment: Visa MC Amex Discover Check # _____ date _____

CC# _____ Exp. _____

Name as it appears on the Credit Card _____ 3 / 4 Security Code _____

Signature _____

-----For Integrated Expo Use Only-----

Authorization # _____ Date charged _____

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