

Modern Physics & The Science of Energy Medicine

July 19, 2009, 9 am - 6 pm

Registration Form

Name: _____ Acup. Lic. No: _____

Address: _____

City _____

ST _____ ZIP _____

Phone: _____

please list the phone number easiest to contact you (for most this is your cell)

Payment method: Check MC VISA AMEX circle one

Course Fee: \$100 before July 10

Course Fee: \$125 after July 10

Note: if paying by check, please mail form and check to the address below.
your spot in the class will be confirmed when your check has cleared.

CC #: _____

Exp. Date: _____ 3 or 4 digit code _____

Billing address (if different than above)

Fax completed form to 310-803-8805,

or call and give the information to our receptionist, 310-803-8803

South Bay Total Health

2204 Torrance Blvd, Suite 104

Torrance, CA 90501

Refund Policy: Full Refund if we receive written or faxed notice by July 10, 2009. Starting July 11, 2009, there are no refunds