

Registration Form

Wellness Forum Health's Annual Symposium on
InforMED Medical Decision-Making Co-sponsored by
Dr. Peter Breggin's Center for the Study of Empathic Therapy
November 10-12, 2017 in Columbus, Ohio

Purchaser Name _____

Additional attendee(s) _____

Purchaser Address _____

City _____ State _____ Zip Code _____

Best Number to reach you AM: (____) _____ PM: (____) _____

Email Address: _____

Ticket Price Schedule

Become a Wellness Forum Health MEMBER and save!

July 1- Aug 31 Member \$309/Non-Member \$359 Sept 1- Oct 31 Member \$349/Non-Member \$399
Nov 1-9 Member \$399/Non-Member \$459

Total # tickets _____ @ = \$ _____

Additional Opportunities

Friday workshop with Eileen Kopsaftis \$30 per ticket _____ total number of tickets
Sunday lunch \$8.95 person _____ total number of lunches

Method of payment:

cash _____ *check _____ *Make check payable to: Wellness Forum Health

Credit Card _____ Total to charge to my account: \$ _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Please send a signed copy of this registration form to
Wellness Forum Health ATTN: Kelly Sherman
510 E. Wilson Bridge Rd., Suite G Worthington, OH 43085
Fax to fax 614-841-7703 or scan and email to: shermank@wellnessforum.com
You will receive email confirmation that your registration has been received

**I understand that tickets are non-refundable and
not transferable to another party. No partial tickets sold.**

Signature _____

Date _____

Questions? Call 614-841-7700.