

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 9-11, 2018 in Columbus, Ohio

Attendee Name _____

Additional attendee(s) _____

Address _____

City _____ State _____ Zip Code _____

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

Email Address: _____

Ticket Price Schedule

April 1-30 2018	Member \$259	Non-Member \$309
May 1-June 30	Member \$289	Non-Member \$339
July 1-Aug 31	Member \$309	Non-Member \$359
Sept 1-Oct 31	Member \$349	Non-Member \$399
Nov 1-8	Member \$399	Non-Member \$459

Total # tickets _____ @ \$ _____ = \$ _____

Sunday lunch \$8.95/person # lunches _____ x \$8.85 = \$ _____

Total to charge to my account \$ _____

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 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

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

Signature _____

Date _____

Questions? Call 614-841-7700.