

# 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

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](mailto: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.**