

IFHI 2011 GENERATIVE MEDICINE

Conference and Certification, May 20-22, 2011

REGISTRATION FORM

NAME		<p style="text-align: center;">RETURN TO IFHI Conference Registration 213 Danbury Road Wilton, CT 06897 USA</p> <p style="text-align: center;">You can also register by phone: Phone: 1-203-761-0042 Toll Free Within US: 877 226-8973 FAX: 203 761-0043 ifhi@dadamo.com</p> <p>Cancellations for refunds must be made by March 31, 2011 (\$50 cancellation fee will apply) *ND students must be registered and attending a CNME approved college. Student rate is available for first 15 student registrants only.</p> <p>For more information, visit the IfHI 2011 website at: http://www.dadamo.com/ifhi/2011/</p>
COMPANY		
ADDRESS		
CITY		
STATE	ZIP	
COUNTRY	PHONE	
FAX	EMAIL	

<p style="text-align: center;">COMPLETE MEETING PACKAGE (CMP) <input type="checkbox"/> \$1045 <input type="checkbox"/> \$995 <input type="checkbox"/> \$850</p>	<p style="text-align: center;">CHOOSE YOUR MEETING PACKAGE AND PRICE</p> <p style="text-align: center;">Complete Meeting Package (CMP) Arrive Friday afternoon and stay thru Sunday morning. Your two nights hotel and all conference scheduled meals are included. Attend the Friday evening dinner and opening session with Dr. D'Adamo. Saturday, join us for breakfast, lunch and a full day of lectures. Evening activities include a reception hosted by D'Adamo Personalized Nutrition. Sunday morning begins with breakfast followed by the closing lecture. Price \$1045, (IfHI Members \$995), *ND Students \$850</p> <p style="text-align: center;">Day Meeting Package (DMP) Can't spend the weekend? Arrive Saturday and attend a full day of lectures. Lunch is included. Price \$795 (IfHI Members \$750), *ND Students \$495</p>
<p style="text-align: center;">DAY MEETING PACKAGE (DMP) <input type="checkbox"/> \$795 <input type="checkbox"/> \$750 <input type="checkbox"/> \$495</p>	
<p style="text-align: center;">CERTIFICATION</p> <p><input type="checkbox"/> I wish to test for IFHI certification (add \$150) Fellow Level Certification <input type="checkbox"/> Master Level Certification <input type="checkbox"/> To test for Master level, please supply your current Fellow Number # _____</p>	
<p>Your ABO Blood Type (for meal-planning) _____</p>	

<p>PLEASE BILL MY <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER</p>	<p style="text-align: center;">FOR CURRENT IFHI MASTER LEVEL ONLY</p> <p>If you are arriving before noon on Friday and wish to spend the afternoon with Dr D'Adamo at The University of Bridgeport College of Naturopathic Medicine please contact carol@dadamo.com or by phone at 203 761-6701 to reserve your spot. He will only be able to accommodate the first 20 Masters in this session.</p>
NAME ON CARD	
CARD NUMBER	
EXPIRATION DATE	
SIGNATURE	
<input type="checkbox"/> Enclosed check made payable to IfHI (US Funds Please)	