



REGISTRATION FORM

Institute for Human Individuality

2011 Conference and Certification, May 20 – 22, 2011

Name	
Company	
Address	
City	
State	Zip
Country	Phone
Fax	E-Mail

Return To:

IfHI Conference Registration
213 Danbury Road
Wilton, CT 06897 USA

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

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.

Please circle one and calculate your Registration Fee

Complete Meeting Package- \$1045/995/850

Day Meeting Package- \$795/750/495

Meeting Type: _____	
I would like to test for IfHI certification: \$150 ___ Fellow ___ Master # _____ (To test for Master please enter current Fellow#)	
ABO Blood Type	Total Registration Fee

Choose your Meeting Type:

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

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

****** For IfHI Master Level Only ******

If you are arriving before noon on Friday and wish to spend the afternoon with Dr D’Adamo at The University of Bridgeport Naturopathic School please contact carol@dadamo.com or by phone at 203 761-6701 to reserve your spot. He will only be able to accommodate the 1st 20 Masters in this session.

Please provide your payment information

Please bill my ___ Visa ___ MC ___ Amex ___ Discover	
Name on Card	
Card Number	
Expiration Date	
Signature	
___ I’ve enclosed my check made payable to IfHI (US Funds Please)	