



## REGISTRATION FORM

### AAMA EDUCATION WORKSHOPS

Please Print:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AAMA Member ID # \_\_\_\_\_

Register me for the following Myofascial Treatments in Gynecological Conditions Workshop:

March 1-2 \_\_\_\_\_  
Chicago, Illinois

**Full and Associate members of AAMA:**

\_\_\_\_\_ \$450 by January 29, 2008  
\_\_\_\_\_ \$500 after January 29, 2008

**Other members and non-members:**

\_\_\_\_\_ \$525 by January 29, 2008  
\_\_\_\_\_ \$575 after January 29, 2008

Please indicate how you learned about this Workshop:

\_\_\_ Email notice      \_\_\_ Academy website      \_\_\_ Newsletter  
\_\_\_ Word of Mouth      \_\_\_ Other. Describe: \_\_\_\_\_

All registrations must be prepaid. Provide full information for credit card charges

\_\_\_ Check Enclosed

Charge my \_\_\_ VISA \_\_\_ MASTERCARD CARD # \_\_\_\_\_

Date Card Expires \_\_\_\_\_ Print Name on Card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

\*\*\*Cancellation Policy: Written cancellations received more than 2 weeks prior to the event will be assessed a \$50 cancellation fee. Written cancellations received less than 2 weeks prior to the scheduled event will be assessed a \$150 cancellation fee.