** REGISTRATION **
Basic Cranial Course

"Expanding the Osteopathic Concept into the Cranial Field"

July 26 to July 30, 2010 held at the Osteopathic Center for Children & Families, San Diego, CA

Mail or Fax this form with your payment to:
Osteopathy's Promise to Children, Sponsor of the Course
(No phone registrations please):

Attn: *Anna Marshall*
4135 54th Place, San Diego, CA 92105

Phone: *619-583-7611* ***Fax:*** *619-583-0296* ***E-Mail:*** *Annam@osteopathiccenter.org*

Full Name: _____ Title: DO, MD, DMD, Resident/Intern, Student
Please PRINT LEGIBLY as you would like your name to appear on your certificate

Street Address:_____

City, State, Zip:_____

Phone: ( ) _____ Fax: ( ) _____

E-Mail: _____ ADA/AMA/AOA#: _____

Medical School: _____ Year of Graduation: _____

Eligibility: DO, MD, DDS, Osteopathic Students who have successfully completed the first year of professional training from an AOA accredited school; Students outside the USA are required to pay the physician fee. (*) Certificate of successful completion of this course will be issued only to those who pass the written and practical exams. ***Individuals are required to make their own daily travel arrangements to the O.C.C. held July 26 through July 30 , 8am until 5pm . We have applied for 40 hours of CME credit.***

Course Fees: Includes all course materials. Nutritional chef on board for preparation of continental breakfasts, snacks and daily lunches.

___	Physician	$ 1,600.00	___	After June 29, 2010	$ 1,750.00
___	Resident/Intern	$ 1,200.00	___	After June 29, 2010	$ 1,350.00
___	Student (*)	$ 1,200.00	___	After June 29, 2010	$ 1,350.00

___ Vegetarian meals. ____ Gluten Free meals ____Dairy Free meals

❖ Yes, I want to make a tax-deductible contribution to Osteopathy's Promise to Children in the amount of $ _____. (A non-profit organization whose mission is osteopathic education, research & treatment and to provide clinical experience to health professional in the field of Osteopathy)

Form of Payment:

_____ Check, Money Order or Cashier's Check **(Checks payable to Osteopathy's Promise to Children)**

_____ MasterCard Card # Visa Card #

Expiration Date: _____ Signature: _____

Cancellation Policy: Written, mail, fax or e-mail notification of cancellation must be received 15 days less $75.00 processing fee, otherwise you are ineligible for a refund.
International registrants for cranial courses must be members of affiliated societies and send a copy of their certificate from their educational institution
Sommerset Suites Hotel, Official Hotel of Osteopathy's Promise to Children. Toll free: 800 962-9665