

**** REGISTRATION ****

Basic Cranial Course

“Expanding the Osteopathic Concept into the Cranial Field”

August 4th – 8th, 2008 San Diego, CA

**Mail or Fax this form with your payment to *Osteopathy’s Promise to Children*
(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. 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. Aug. 4th - 8th, 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	\$ 1,475.00	___ After July 11 th , 2008	\$ 1,525.00
___ Resident/Intern	\$ 1,100.00	___ After July 11 th , 2008	\$ 1,150.00
___ Student	\$ 1,100.00	___ After July 11 th , 2008	\$ 1,150.00

___ 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: _____

Course Cancellation Policy: Written, mail, fax or e-mail notification of cancellation must be received 15 days less \$75.00 processing fee, otherwise you will not be eligible for a refund.