

CANADIAN ACADEMY OF HOMEOPATHY REGISTRATION FORM FOR LIVE COURSES

Today's date: _____

SEND this completed form to C.A.H. FAX: (514) 279-0111
MAIL: 1173, Mont Royal Boulevard, Outremont, Quebec, Canada, H2V 2H6

Name: _____

Address: _____

City, State/Province: City: _____ S./P.: _____

Country, Postal Code/Zip: Country: _____ P.C./Zip: _____

Phone: Day: () _____ Evening: () _____

Email: _____

Contact person in case of emergency: Name: _____ Phone: () _____

Professional degree(s)/specialities: _____

How many years have you been studying and/or practicing homeopathy? _____

With which teacher/program have you studied homeopathy? _____

How did you hear about these courses? _____

Are you a non-professional and auditing the course? _____

(If so, please bring a medical dictionary to class to aid you in understanding medical terms, which will not be defined).

Are you planning on staying on campus residences? YES NO

Do you need hotel information? YES NO

Are you interested in CME credits? YES NO

Will you be bringing a lap top with you? YES NO

COURSES	DATES	REGISTRATION	
		EARLY*	LATE
Essentials of Acute and Chronic Prescribing	May 29 - June 4, 2010	<input type="checkbox"/> \$750	<input type="checkbox"/> \$825
Illustrated Comparative Materia Medica Pura	June 7-11, 2010	<input type="checkbox"/> \$595	<input type="checkbox"/> \$675
Study of the Repertory**	May 28, 2010	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
<small>**For students new to homeopathy, a pre-requisite 1 day course taught by Lisa Samet, N.D.</small>			
<small>*Before April 6, 2010</small>			
		SUB-TOTAL (CND \$) _____	
		TAXES (12.875%) _____	
		GRAND TOTAL (CND \$) _____	
PAYMENT			
<input type="checkbox"/> Personal check			
<input type="checkbox"/> VISA or MASTERCARD # _____ Exp. date (month/year): _____			
Name on the card: _____			
Signature: _____			
<small>All prices are in Canadian dollars and are subject to change with 30 days notice.</small>			