

# CANADIAN ACADEMY OF HOMEOPATHY

## REGISTRATION FORM FOR HAHNEMANNIAN PRESCRIBING

### COMPETENCE LEVEL COURSE - TORONTO 2010-2011

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 this course? \_\_\_\_\_

#### COMPETENCE LEVEL COURSE FOR 10 WEEKENDS:

It is possible to register for selected weekends of this course on a pro-rated basis.

- Weekend 1     Weekend 2     Weekend 3     Weekend 4     Weekend 5  
 Weekend 6     Weekend 7     Weekend 8     Weekend 9     Weekend 10

COURSES	REGISTRATION 10 WEEKENDS		REGISTRATION PER WEEKEND
	EARLY*	LATE	
<b>Regular</b>	<input type="checkbox"/> \$2400	<input type="checkbox"/> \$2600	<input type="checkbox"/> \$260
<b>Students</b>	<input type="checkbox"/> \$2250	<input type="checkbox"/> \$2400	<input type="checkbox"/> \$240
*Before September 16 2010			
			<b>TOTAL (CND \$)</b> _____
			Taxes are included
<b>PAYMENT</b>			
<input type="checkbox"/> Personal check			
<input type="checkbox"/> VISA or MASTERCARD			
	#	Exp. date (month/year):	
	Name on the card: _____		
	Signature: _____		
All prices are in Canadian dollars and are subject to change with 30 days notice.			