

office use only:



Registration Form

SCENAR and SYSTEMIC INTERACTIVE MEDICINE TRAINING

Last Name: _____ First Name: _____ Middle Name: _____

Company: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Phone: _____ Fax: _____ e-mail: _____

Course Name : _____	Course Code : _____	Fee: _____
Course Date: year _____ month: _____ day: _____		

Method of payment: Cash Visa Master Card Cheque

Card No. _____ Exp. _____

E-mail, fax or mail this form to:

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1-11 Henegan Rd.
P.O. Box 686 Virgil, ON L0S 1T0
Canada
V. 905-468-0927 F. 905-468-3584
health@mediscen.ca

agent # _____