



SEMINAR REGISTRATION FORM

NAME: _____ MEMBER #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Day) _____ (Evening) _____

- * All seminars are from 9:00am to 4:00pm, unless otherwise noted
 - * All seminars are 6 CEU seminars, unless otherwise noted
 - * The fee for all Seminars: \$100 for Members, unless otherwise noted
 - * All deadlines are one week, or as noted, prior to the seminar date
 - * Seminars are subject to cancellation if minimum attendance requirements are not met by registration deadline.
 - * Please call for physical address locations or directions : 888-375-7245
- Please check the appropriate box**

- | | | | |
|--------------------------|-------------------|-----------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> | January 27, 2012 | Tai Chi Chuan | Grand Rapids, MI Blue Heron Academy |
| <input type="checkbox"/> | February 10, 2012 | SMT with Dr.Gregory Lawton | Grand Rapids, MI Blue Heron Academy |
| <input type="checkbox"/> | February 24, 2012 | Corrective and Restorative Exercises Certification Series Part 1 of 3 | Grand Rapids, MI Blue Heron Academy |
| <input type="checkbox"/> | March 23, 2012 | Corrective and Restorative Exercises Certification Series part 2 of 3 | Grand Rapids, MI Blue Heron Academy |
| <input type="checkbox"/> | March 24, 2012 | PANDAS Awareness | Grand Rapids, MI Blue Heron Academy |
| <input type="checkbox"/> | March 24/25 2012 | SMT Series with Dr.Gregory Lawton | Nampa, Idaho |

All seminars are NCBTMB Approved for Continuing Education Credits: Approved Provider #451554-11



Make checks and money orders payable to: AHS, 2040 Raybrook SE, Suite 103, Grand Rapids, MI 49546

Method of payment: Check Money Order Credit Card (circle one)
Print name as it appears on card: _____ Total Amount \$ _____

Card Number Expiration:

Signature Required _____ Date: _____