



Integrative Healthcare SYMPOSIUM

Conference: February 9–11, 2012
Exhibits: February 10–11, 2012
Pre-Conference Workshop: February 8, 2012
New York, NY
Hilton New York



VIP Registration

A special invitation to the Exhibit Hall at the Integrative Healthcare Symposium for FREE, PLUS receive 10% off your Full Conference pass!

5 easy ways to register

When registering online or by phone you must use priority code 103126

ONLINE: www.ihsymposium.com

FAX: 972-620-3099

MAIL: Integrative Healthcare Symposium
ARI, Inc
350 East Royal Lane, Ste. 100
Irving, TX 75039

PHONE: 972-943-4773

BRING: Flyer to event

www.ihsymposium.com

Produced by:

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BUSINESS COMMUNICATIONS

Integrative Healthcare Symposium Registration

FREE for Exhibit Hall only **PLUS receive 10% off your full conference pass!**

1 Please Print – Your Badge Will Read As Follows:

(The characters provided are the maximum per line of print) **Incomplete forms will not be processed.**

Name _____
 Title _____
 Company _____
 Address _____
 City _____ St/Prov _____ Code: 103126
 Postal/Zip Code _____ Country _____

Due to liability restrictions, no one under the age of 18, including infants & toddlers, will be allowed on the show floor at any time. There will be NO exceptions. Cameras, video recorders or recording devices are not permitted. Soliciting on the show floor by attendees is strictly prohibited.

2 Phone, Fax & Email:

Telephone _____ Fax _____

E-Mail _____

Please do not contact me via email about other related products and services your company provides.

From time to time we may make your name and address available to other companies whose products and services may interest you. If you prefer not to receive such mailings, please send your name and address to Integrative Healthcare Symposium Business Mailing Preference Service, P.O. Box 7437, Portland, ME 04112-7437 USA.

3 My Specialty Is:

- 3A. Physician
- 3B. Osteopath
- 3C. Registered Nurse
- 3D. Physician's Assistant
- 3E. Nurse Practitioner
- 3F. Registered Dietician
- 3G. Nutritionist
- 3H. Chiropractor
- 3I. Licensed Herbalist
- 3J. Naturopath
- 3K. Homeopath
- 3L. Physical Therapist
- 3M. Massage Therapist
- 3N. Medical Spa
- 3O. Wellness Center
- 3P. Traditional Chinese Medicine
- 3Q. Acupuncturist
- 3R. Pharmacist
- 3S. Psychiatrist
- 3T. Faculty
- 3V. Other

4 Sign Me Up for the Integrative Healthcare Symposium:

	Early Bird (Register by Oct. 31)	Pre-Event (Register by Feb. 8)	Onsite
<input type="checkbox"/> Full Conference Passport (with 10% discount):	\$445 \$400.50	\$545 \$490.50	\$645 \$580.50
Includes keynotes, plenary, breakout sessions, exhibit hall, reception and electronic proceedings to be emailed pre-event.			
<input type="checkbox"/> One-Day Full Conference:	\$320	\$320	\$385
For the day of your choice, to include keynotes, plenary, breakout sessions, exhibit hall, reception (if applicable) and electronic proceedings to be emailed pre-event.			
<input type="checkbox"/> Exhibit Hall Only:	FREE	FREE	FREE
Includes admission to exhibit hall only.			
<input type="checkbox"/> Student Rate:	\$225	\$225	\$325
Available to full-time students only and includes keynotes, plenary, breakout sessions, exhibit hall, reception and electronic proceedings to be emailed pre-event. Note: valid student ID required.			
<input type="checkbox"/> Pre-Conference Workshop: Feb. 8	\$75 \$67.50	\$95 \$85.50	\$195 \$175.50
Pre-Conference Workshop (with purchase of Full Conference Passport): Sessions are intended for practitioners who are licensed to order testing and treat patients with hormone imbalance as defined by their state boards. Includes Feb. 8th educational sessions and electronic proceedings to be e-mailed pre-event. Register by Feb. 7 for pre-event rate. <i>Thanks to Labrix for their unrestricted educational grant.</i>			

TOTAL \$ _____

Method of Payment:

(Registration fees are non-refundable. Discount cannot be combined with any other promotional offer or member discount.)

Check enclosed in U.S. dollars drawn on a U.S. bank made payable to Diversified Business Communications
Please note: Checks are not accepted at event.

Charge my credit card: (charge will appear as Diversified Expositions)
 Visa American Express Mastercard Discover

Card # _____

Exp. Date _____

Card Holder Name _____

Card Holder Signature _____