

Biodynamics of Osteopathy 2019

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REGISTRATION FORM

Please PRINT or Write CLEARLY

NAME: Last: _____ First: _____ MI: ____ Degree/Title _____ E-mail: _____

PHONE: Home: _____ Cell: _____ Work: _____ FAX: _____

Street: _____ City _____ State _____ ZIP _____

AOA/AMA#: _____ School: _____ Grad Yr: _____ Type of Practice: _____

PLEASE list ALL prior Osteopathic training, especially Courses in Osteopathy in the Cranial Field or Biodynamics that you have completed:

Please indicate the session(s) you wish to attend:

___ Nov 15 - 18

Phase VII

Have you taken this Phase before? Yes ___ No ___

COST FOR EACH SESSION is \$700.00 (US).

***** A spot will *only* be held once a \$200 deposit has been received along with a registration form. *****

The remaining balance is due 60 days prior to the program. If registering less than 60 days prior to the program, full payment is required with registration. **Please review the cancellation policy outlined below.**

CANCELLATION/REFUND POLICY FOR COURSES AT UNE:

A. **Participants who withdraw 21 days prior to the session:** *There will be a \$250.00 cancellation fee for cancellations made 21 days or less prior to a course.*

B. **Participants who withdraw within 7 days of the session:** *There will be no refund.*

PAYMENT METHOD: Please make your payment by Check/Money Order *

Checks should be made out to: **Explorations in the Science of Osteopathy.**

*If you are coming from a country outside of the United States you may pay at the time of the course with cash.
Please contact us for details.*

Payment amount _____

(* We are no longer accepting payment by Credit Card)

REGISTER: **FAX:** 207-781-2900 - Or - **MAIL:** Explorations in the Science of Osteopathy
2 Granite Ridge Road
Cape Elizabeth, ME 04107

QUESTIONS: **PHONE:** 207-712-3211 or 207-767-8152 (**Joan**)
e-mail: ohmjh@aol.com (**Joan**) or ohmdh@aol.com (**Donald**)

For more information see: www.osteopathichealthcareofmaine.com – Education Tab: Biodynamics of Osteopathy Courses