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_____, 2011

TRUBALANCE



PHYSICIAN EDUCATION & HEALTHCARE PROVIDER SYMPOSIUM REGISTRATION FORM

“BIO-IDENTICAL HORMONE INITIATIVES FOR MEN & WOMEN HORMONAL DYSFUNCTION & AGE MANAGEMENT”

DATE: Saturday, May 7th, 2011 – 7:00 a.m. to 7:00 p.m.

LOCATION: PARK HYATT HOTEL, 4 Avenue Road (at Bloor St.), TORONTO, ON., M5R 2E8

• Special rate \$245 + taxes - book before March 15th • Tel: 1.888.421.1442

• CODE: TruBalanceHealthcare • reservationstorph@hyatt.com

SYMPOSIUM MATERIAL INCLUDED:

- Entire BHRT Symposium will be captured in a presentation binder including copies of powerpoint slides
- Dr. Erika Schwartz's education material covered in the symposium - 5 Units
- The *Restore™ Program - www.RestoreDirect.com
- Clinical Case Studies – Symposium Discussions (take home paperwork)
- Hormone Lab Testing Panels
- *The Hormone Solution* by Erika Swartz, M.D., New York
- *Testosterone For Life* by Abraham Morgentaler, M.D.
- *DVD-Testosterone, DHT, Growth Hormone, IGF-1. Potential Risk for Cancer-The Myth* by Millennium Health Centers
- *Knockout* by Suzanne Somers – Instant #1 New York Times Best Seller, autographed copy
- **Meals:** Healthy Continental Breakfast 7:00am to 7:45am & Lunch 12:00pm to 12:45pm + 2 Breaks

1-NAME OF ATTENDEE: _____

DEGREE/ SPECIALITY: _____

2-NAME OF ATTENDEE: _____

DEGREE/ SPECIALITY: _____

PRACTICE/ CLINIC NAME: _____

ADDRESS: _____

CITY: _____ PROV./ STATE: _____ POSTAL CODE/ ZIP: _____

EMAIL: _____ FAX: _____ TEL: _____

ARE YOU CURRENTLY WORKING WITH BIO-IDENTICAL HORMONES OR JUST STARTING TO IMPLEMENT INTO YOUR PRACTICE?

Yes No Plan on BHRT implementing in 2011

EDUCATION SYMPOSIUM FEE : \$ 899.00 CDN per person + tax

A) EARLY BIRD SPECIAL! • SAVE - \$125 per person • Register By March 31st, 2011 - Pay \$774

B) Staff member rate of \$750 (not eligible for the \$125 early bird special – you pay flat rate of \$750 + HST)

C) Group discount rate available for 4 or more people (paid in full & booked as a group)

D) Retake Course Fee \$350 –For past attendees only! (includes meals & current books/ literature/ presentation) ** early bird discount not applicable to retake fee

_____ # OF ATTENDEE(S) at \$899.00 \$ _____

LESS EARLY BIRD SPECIAL \$ _____

_____ # OF EXTRA STAFF MEMBER(S): \$ _____

_____ # OF REFRESHER ATTENDEE(S): \$ _____

SUBTOTAL: \$ _____

PST (_____ %) \$ _____

HST (_____ %) \$ _____

GST (_____ %) \$ _____

GRAND TOTAL: \$ _____

**After March 31st, registration is \$899 no exceptions

**Add a staff member for only \$750

** Pay at the door, event day \$999

**Retake fee, pay at door, event day - \$450

DK PROMO CODE: _____

FORM OF PAYMENT: Visa Amex Master Card Cash Certified Cheq

Walk ups are accepted the day of the event - May 7th – space permitting. A \$100 registration fee is applicable in addition to the \$899. Check-in at the BHRT symposium registration desk at the Park Hyatt, pay & pick up education kit.

NOTE: Due to the nature of this event and the limited space it is non – refundable. If you are unable to make the May 7th symposium, we will issue you a credit note which is good for any workshop/course/ symposium held in Canada as long as it is equal to the amount of your credit note, if your next course is a higher amount than the credit note then the client will pay the difference. Credit note is good for one year from date of purchase.

CREDIT CARD # _____ - _____ - _____ - _____ **EXPIRY DATE:** ____ / ____

3 DIGIT SECURITY CODE ____ ____ ____ (number is located on back of your credit card)

Please make sure your credit card # is accurate and that there are no missing numbers.

BILLING ADDRESS/ TEL # – exactly the way it appears on your credit card bill for security verification:

PRINT FULL NAME AS IT APPEARS ON CREDIT CARD: _____

SIGNATURE OF CARD HOLDER: _____

I have read & understand the terms of the BHRT Physician Education Symposium & the refund policies as outlined in this agreement. I authorize TruBalance Healthcare Inc., to charge my credit card for the stated full amount. I confirm that the above information, the billing address are accurate & my signature on this form is the same as the signature on my credit card. Please FAX BOTH PAGES as your authorization back to our office. Kindly direct all questions to: Donna Kingman, TruBalance Healthcare – (Direct) 647.884.0663

TruBalance Healthcare Inc. | Direct: 647.884.0663 | Fax: 1.866.418.9343 | www.TruBalanceHealthcare.com

Custom Compounding | Saliva Lab Testing | Physician Education for Bio-Identical Hormone Replacement Therapy

**Restore™* is a registered trademark of Women's Health America, Inc., Madison, Wisconsin, U.S.A

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