

Month	Day	Year			

Fellowship Program Registration Form — IHN

*RenaiSanté Institute
of Integrative Medicine*

First Name	Last Name

Address					
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City	Prov / State	Postal Code / Zip Code

Tel #	Ext	Credit Card #

Fax #	Auth #	VISA	
		M/C	

E-mail	PIN	Expiry Date

Age Range <input type="checkbox"/> under 25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51-55 <input type="checkbox"/> 56-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66-70 <input type="checkbox"/> over 70	Gender <input type="checkbox"/> M <input type="checkbox"/> F	How did you hear about Fellowship Program? <input type="checkbox"/> Mail <input type="checkbox"/> Trade Show <input type="checkbox"/> Email <input type="checkbox"/> Professional Publication <input type="checkbox"/> Fax <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Colleague <input type="checkbox"/> Other _____ <input type="checkbox"/> Website _____	Please indicate your professional designation(s) <input type="checkbox"/> Chiropractor <input type="checkbox"/> Phys/Surg/Medical Spec <input type="checkbox"/> Dentist/Oral Surgeon <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Naturopath <input type="checkbox"/> Pharmacist Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Dr. of Osteopathic Med <input type="checkbox"/> Registered Dietician <input type="checkbox"/> Regist Massage Therap <input type="checkbox"/> Regist.Nutr.Consultant <input type="checkbox"/> Student/Intern (Describe Profession): _____ <input type="checkbox"/> Clinical/Holistic Nutritionist <input type="checkbox"/> Pharmacist
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How long have you been in your current profession? <input type="checkbox"/> < 5 Years <input type="checkbox"/> 5-10 Years <input type="checkbox"/> > 10 Years	At what school did you earn your professional designation? _____
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FELLOWSHIP PROGRAM FOR HEALTHCARE PROFESSIONALS & HEALTHCARE STUDENTS		(Circle applicable price)
Notes: 	<input type="checkbox"/> UNIT 1: Modules 1 - 12	\$495 CND
	<input type="checkbox"/> UNIT 2: Modules 13 - 22	\$495 CND
	SUB-TOTAL	
	GST/HST (as applicable)	
TOTAL		

Jan 2018