

Mountain Medicine Education, Inc.
2010 Program Registration Form (November 11-14)

This program is subject to cancellation if pre-registration is inadequate. The full tuition will be refunded.

Please print or type

I am a new attendee I have attended before

Name _____

Street _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

E-mail Address: _____

Occupation _____

Organization Representing _____

Social Security # _____ (for credit card validation)

Gender _____ Age _____ (for room assignment purposes)

Medical Training: (if applicable)

RN # _____

EMT Level _____ Reg# _____ State _____

Meals: Meat Vegetarian

T-Shirt Purchase:

(optional) Sizes are guaranteed if registration is received before October 15, 2010.

Qty: short sleeve Sm _____ Med _____ Lg _____ XL _____ XXL _____ \$10 each + \$3 for XXL

long sleeve Sm _____ Med _____ Lg _____ XL _____ XXL _____ \$15 each + \$3 for XXL

<p>Tuition: All: \$450 before 10/1; \$475 10/1-16; \$500 after 10/16 (Tuition includes all lectures, meals, accommodations and course materials)</p> <p>T-shirts: Add total for all t-shirts ordered above</p>	<p>Enter amount:</p> <p>\$ _____</p> <p>\$ _____</p> <p>Total: \$ _____</p>
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Payment: Purchase Order payable to Mountain Medicine Education, Inc.

Check payable to Mountain Medicine Education, Inc.

Mastercard VISA Discover

Card Number: _____ - _____ - _____ - _____ **Exp. Date:** _____ / _____

CIV # (for credit card validation) _ _ _

Signature: _____

Please send completed registration form and fee to:
Mountain Medicine Education, Inc., PO Box 245, Ashburnham, MA 01430