

Office Use:

Date form(s) received in office:

_____, 2010

TRUBALANCE



TRUBALANCE HEALTHCARE INC.

PHYSICIAN EDUCATION & HEALTHCARE PROVIDER SYMPOSIUM REGISTRATION FORM

**BIO-IDENTICAL HORMONE REPLACEMENT THERAPY FOR MEN & WOMEN
“HORMONAL DYSFUNCTION AND AGING “**

DATE: Saturday, September 25th, 2010 – 8:00 a.m. to 7:00 p.m.
LOCATION: PARK HYATT HOTEL, 4 Avenue Road @ Bloor St., TORONTO, ON. (Bedford Park Room)
HOTEL: Special rates are available for the Park Hyatt hotel but are non-refundable once booked!!
• Special rate \$235 + taxes (reg rate \$405) • 1.800.233.1234 • CODE: TruBalance Healthcare

WORKSHOP INCLUDES:

- Entire BHRT Symposium will be captured in a presentation binder including copies of slides
- The *Restore™ Program - www.RestoreDirect.com
- Clinical Case Studies – Symposium Discussions (take home paperwork)
- *The Clinical Application of Interventional Endocrinology* by Mark L. Gordon, M.D. (\$325US text book value)
- *The HRT Solution* by Marla Ahlgrimm R.Ph.
- *Testosterone For Life* by Abraham Morgentaler, M.D.
- *Knockout* by Suzanne Somers – Instant #1 New York Times Best Seller, autographed copy
- **Meals:** Healthy Continental Breakfast 8:00am to 8:45am & Lunch 12:00pm to 12:45pm + Breaks

1-NAME OF ATTENDEE: _____

DEGREE/ SPECIALITY: _____

2-NAME OF ATTENDEE: _____

DEGREE/ SPECIALITY: _____

3-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 THEM INTO YOUR PRACTICE?

ADVANCE SHIPMENT OF MAIN TEXT BOOK(S):

Yes, I would like _____ text book(s) shipped in advance - "The Clinical Application of Interventional Endocrinology" by Mark L. Gordon, M.D., to the below address prior to the September workshop.

MAILING ADDRESS: _____ SUITE#: _____
CITY: _____ PROV: _____ POSTAL CODE: _____

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

EARLY BIRD SPECIAL! PAY \$774 • SAVE - \$125 per person , Register Before AUGUST 15th, 2010 **

*****Staff member rate of \$799 are not eligible for the \$125 early bird special – you pay flat rate of \$799 + taxes**

_____ # OF ATTENDEE(S) at \$899.00	\$ _____	
LESS EARLY BIRD SPECIAL	\$ _____	**After August 15 th , registration is \$899
___ # OF EXTRA STAFF MEMBER(S):	\$ _____	**Add a staff member for only \$799
SUBTOTAL:	\$ _____	**Pay at the door day of event \$999
PST (_____ %)	\$ _____	
HST (_____ %)	\$ _____	
GST (_____ %)	\$ _____	
GRAND TOTAL:	\$ _____	DK PROMO CODE: _____

FORM OF PAYMENT: Visa Amex Master Card Cash Certified Cheq

Walk ups are accepted the day of the event - Sept. 25th – 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.

NOTE: Due to the nature of this event and the limited space it is non – refundable. If you are unable to make the September 25th 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 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 information is accurate & the signature on this form is the same as the signature on my credit card. I confirm that the address provided is my billing address for this card. Please **FAX BOTH PAGES** as your authorization back to our office fax: 1.866.418.9343. Kindly direct all questions to: Donna Kingman, TruBalance Healthcare- 647.884.0663

TruBalance Healthcare Inc. • Direct: 647.884.0663 • Fax 1.866.418.9343 • www.trubalancehealthcare.com

Custom Compounding and Physician Education for Bio-Identical Hormone Replacement Therapy (BHRT)

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

Women's Health America, Inc., and The *Restore™ Program in Partnership with TruBalance Healthcare Inc.