

IPMT-PAAM REGISTRATION FORM

May 8 - 15, 2009 Petaluma, California

Name _____ Profession / degree _____

Address _____

City _____ State _____

Zip _____ Country (if not USA) _____

Phone (Preferred #) _____ E-mail address _____

Please check:

- We would like to include your name, address, phone and email in our contact list, distributed to participants; please check here to give us permission: _____
- How did you hear about the conference? (which journal? other?): _____

Course eligibility: This course is designed for medical practitioners.: MDs, DOs, NDs, NPs, RNs and PAs from accredited training programs and students of such training programs. Other licensed health professionals are welcome to apply. We may request a copy of your certification or license.

Details: Airport transport information, directions, and details of our program and the retreat center will be sent upon registration.

Mobility and other needs: Please inform us as soon as possible, so we may best adapt.

Dietary: All meals will be whole-foods style, with vegetarian options.

- My diet is vegetarian My diet is vegan
- I have these specific dietary needs for health or religious reasons: _____
(Where we cannot accommodate dietary needs, we can offer refrigerator space)

CONFERENCE FEES

Tuition Includes: conference attendance, housing, all meals and snacks, educational materials/handouts

Tuition (Fee varies according to single- or double-occupancy housing)	Early Discount Registration (postmarked prior to 2/15/09)	Discount Registration (postmarked as of 4/1/09)	Full Registration (postmarked after to 4/1/09)
Regular (work-study discounts are available^^^)	<input type="checkbox"/> \$1,425 - double-occ <input type="checkbox"/> \$1,600 - single-occ	<input type="checkbox"/> \$1,600 double-occ <input type="checkbox"/> \$1,775 - single-occ	<input type="checkbox"/> \$1850 - double <input type="checkbox"/> \$2025 - single
PAAM*, CAMA*, AAMTA** members	<input type="checkbox"/> Deduct \$150	<input type="checkbox"/> Deduct \$150	<input type="checkbox"/> Deduct \$150
Medical students or residents^^	<input type="checkbox"/> \$400 - double-occ	<input type="checkbox"/> \$400 - double-occ	<input type="checkbox"/> \$575 - double-occ

Notes on tuition:

^^**Medical students and residents** are asked to contribute as members of the work-study program. Your contribution helps the conference run well, and does not interfere with your class attendance.

^^^**Work-study discounts** are available on a first-come, first-served basis, to a limited number of licensed prescribers and non-prescribers. Please apply early. Double-occupancy only. We want to help you to join us .

***PAAM** (Physicians' Assn. for Anthroposophic Medicine) membership is open to MD's, DO's, NP's, and PA's. Please contact Michele Wilkinson at mwpaam@voyager.net, or paam@anthroposophy.org, to join.

* **CAMA** (Canadian Anthroposophic Medical Association): please contact Pegasustherapeutics@Rogers.ca.

** **AAMTA** (Association for Anthroposophic Medicine and Therapies in America) is open to all North American health professionals. Please email aamta@anthroposophy.org.

Members' Discounts: We want you to receive your members' discount. Current 2009 membership in either PAAM, CAMA, or AAMTA is required for tuition reduction, so please arrange this ahead of the deadline date.

Local participants (who are staying in their own homes) subtract \$350 from the "double-occ" fee.

Spouse/partners who come along, but do not attend the conference: Attendee spouse pays "single-occ" fee and "come-along" spouse pays \$502 for room/board . Limited number of couples' rooms: please inquire early.

Children: by individual arrangement only—please contact us.

Housing: Housing is in 7 separate buildings on campus. You may choose single- or double-occupancy rooms, all with shared bathrooms around units of 4 or more bedrooms. All housing is recently renovated. Retreat Center website for further housing description and photos: <http://www.noetic.org/retreat/accommodations.cfm>

If double occupancy:

I would like to share a room with _____ OR Please assign me a roommate _____

We will assign what we believe are the most desirable rooms, on a first-come, first-served basis, in order of registration.

PAYMENT:

Please make out check for tuition package to PAAM, and mail with registration form, to :

A.Landman MD, 27 Behind The Rocks Drive, Moab, UT 84532

To pay by credit card:

please go to www.paam.net and use our on-line registration format,OR. Pay directly via PayPal, www.paypal.com

CANCELLATION POLICY

Participants' cancellation requests must be received in writing (emailed and received, or postmarked) before April 1st for a full refund, less a \$50 administrative fee. Cancellation requests received in writing before April 25th will receive a 50% refund. Cancellation requests after that date will not be eligible for a refund, but another person may be substituted, for a \$50 administrative fee. Telephone cancellations cannot be honored. Email cancellations will be promptly acknowledged by return email; until then, you cannot assume they have been received.

In the unlikely case of event cancellation, a full refund of tuition and housing will be extended.

Thank you! We look forward very much to your joining us!

For all who are teaching and planning this course, we look forward to seeing you May 8th,

--Alicia Landman, MD PAAM Education Chair

Registration Form

Please contact us with any questions: Dr. Landman or Carol O'Brien, course administrator,
paamdrscourse@anthroposophy.org PAAM Phone: 734-930-9462