

The Health Profit Group

“Developing Successful Health Management Systems”

November 2-3, 2006, 8:30 am to 4:30 pm
Crowne Plaza Hotel, Wrightson Road, POS.

REGISTRATION FORM

Name of Organization:			
Address:			
Contact Person:			
Position:			
Telephone No:			
Email Address:			
Name of Participant(s) (Name tags will be produced based on spelling indicated)	Position	Payment by- (Cheque, cash)	How did you hear about this Seminar? (Please tick)
			Email
			Newspaper Ad
			Friend
			Boss
			Flyer

Please photocopy and fax

Seminar Cost	
Discounted Rate	Non-Discounted Rate
*Early Bird \$ US 595 Payment must be received on or before September 29 th 2006	\$ US 695 Payment must be received no later than October 20, 2006

James,

Total Amount Enclosed:

\$

Cash / Cheque (Payable to The Health Profit Group
Scotia Bank,
Western Main Rd, St.
Account#

Authorized by:

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Please Print- Name

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Position

Authorized Signature: _____

Date: _____

Please complete and return to: The Health Profit Group Secretariat, 57 Carlos Street, Woodbrook, POS

Tel: 343-4096 or 624-1228, or Email pfletcher@wellness.org website: www.wellness-training.org Fax:

Cancellation must be made at least two (2) days before date of seminar or persons will be required to pay 50% of the cost.

*Note: To benefit from the Early Bird rate, cash and Cheque must be received by Secretariat on or before September 29, 2006