

REGISTRATION FORM (save a copy for your invoice)

**Scientific Frontiers of Integrative Medicine**

**March 9-10, 2012**

PRINT PAGE AND EMAIL OR SEND TO--- NCIMS, PO Box 6472, Raleigh, NC 27628

**Section I - Register**

Member: Yes \_\_\_\_ (fill out Section 1 & 2 and Application from the website) No \_\_\_\_\_ (fill out Sec 1 & 2)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Check request for vegetarian meals \_\_\_\_\_

**Section 2 – Payment –** Registration: \$295 (members); staff/friend \$150  
New members - \$100 discount on dues with registration **LATE FEE \$50 after Feb 9, 2012**

**1. Send a check to NCIMS**

**Or Fill out # 2 PO Box 6472, Raleigh, NC 27628**

**2. Credit Card Number** \_\_\_\_\_

MC \_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_ Exp. Date \_\_\_\_\_

Zip (associated with card)

Non-member - Join NCIMS, using Application on the website