

REGISTRATION FORM

Nutritional and Biological Approach to Patient-Centered Health

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

Section I - Register

Member: Yes _____ (fill out Section I & II) No _____ (fill out Section I, II III)

Name: _____

Title: _____

Section II – Payment – Member \$260 (\$360 after July 30)

1. Send a check to NCIMS

Or Fill out # 2.

2. Credit Card Number _____

MC _____ Visa _____ AMEX _____ Exp. Date _____

Zip (associated with card)

Section III - Non-member

please fill out the information below and pay \$360 (\$460 after July 30)

OR

Join NCIMS, using Application on the website

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____