

REGISTRATION FORM

Managing the Business of Integrative Medicine Conference
February 19, 2011

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

Section I - Register

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

Name: _____

Title: _____

**Section 2 – Payment – MEMBER \$120 FOR CMES; SPOUSE/PARTNER \$40
LATE FEE \$25 after Feb 1, 2011**

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