

# NON-CLINICAL REGISTRATION

Mail or fax to Seattle Study Club, 635 Market Street, Kirkland, WA 98033 | Phone 425.576.8000 | Fax 425.827.4292

Please copy this page if additional forms are needed. By submitting a registration form, each registrant acknowledges and agrees to the terms of the cancellation and refund policy, the full text of which is shown in The Fine Print (page 32) of this brochure. The cancellation and refund policy applies regardless of the reason for cancellation, including but not limited to unforeseen personal or world events.

Name \_\_\_\_\_

[Circle One] Spouse/Partner Staff Guest Coordinator Other

Club Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Jacket Size [Circle One] Male: S M L XL XXL Female: S M L XL

Dietary Restrictions \_\_\_\_\_

Travel Arrangements I am staying at:  The Phoenician Resort  Other

## NON-CLINICAL PROGRAM TUITION

On or before October 15, 2009 First attendee \$1,795 \_\_\_\_\_

Additional attendees from same office # \_\_\_\_\_ @ \$1,695

After October 15, 2009 First attendee \$1,945 \_\_\_\_\_

Additional attendees from same office # \_\_\_\_\_ @ \$1,845

*Five or more staff from one office: please call the SSC for special pricing.*

## PAYMENT INFORMATION

Payment Type  VISA  MC  AMEX or Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ CVS# \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_ Zip \_\_\_\_\_

## MONDAY BREAKOUT SESSIONS

Please choose the guided hike or place the clinical breakout sessions in order of preference (1 is who you would like to see most, 6 is the least). Registrants will be assigned to two breakout sessions based on space availability.

\_\_\_\_\_ McDowell-Sonoran Preserve Hike

**OR**

\_\_\_\_\_ Dr. Michael Fling

\_\_\_\_\_ Dr. Bob Margeas

\_\_\_\_\_ Dr. Harold Menchel

\_\_\_\_\_ Dr. J. William Robbins

\_\_\_\_\_ Dr. Jeffrey S. Rouse

\_\_\_\_\_ Dr. Marcos Vargas

## WEDNESDAY BREAKOUTS

\_\_\_\_\_ Self Defense Workshop

**OR**

\_\_\_\_\_ Speaker Showcase

## MEALS & ENTERTAINMENT ONLY PROGRAM

On or before October 15, 2009 \$1,395 \_\_\_\_\_

After October 15, 2009 \$1,545 \_\_\_\_\_

## CHILDREN

(Ages 7-12) # \_\_\_\_\_ @ \$495

Name \_\_\_\_\_

Name \_\_\_\_\_