

Creating Wellness: An Integrative Approach to Primary Care
COURSE REGISTRATION FORM

Return to: Michigan Academy of Family Physicians
2164 Commons Parkway, Okemos, MI 48864
Fax: 517-347-1289
Phone: 800-833-5151

Registration Deadline: **March 15, 2012**

Name _____

Address _____

City, State & Zip _____

Phone _____ Fax _____

Email _____ Badge Name _____

Specialty _____

Special Needs _____



| | | |
|--|---|--|
| | <p>All workshop sessions are offered at 11:00 a.m. and 1:00 p.m.</p> <p>Please rank the top three workshops you would like to attend. Attendees will be placed in workshops based on order of registrations received.</p> | |
| Integrative Cancer Symptom Control | | |
| Somatic Experiencing: A Body-Based Approach | | |
| Getting to the Point; Acupuncture: a Jab Well Done | | |
| How to Talk Nutrition with your Patients | | |
| Introduction to HeartMath | | |

| REGISTRATION OPTIONS - CIRCLE ONE | Physician | Retired Physician, RN & Allied Health | Physician-in-Training Student |
|---|--------------|---------------------------------------|-------------------------------|
| Main Course - plus OPTIONAL Friday Afternoon Workshop | \$615 | \$430 | \$135 |
| Main Course - Thursday & Friday Morning Only | \$430 | \$310 | \$100 |
| One Day Course - Thursday Only | \$300 | \$215 | \$70 |
| One Day Course - Friday Morning Only | \$150 | \$110 | \$35 |
| Optional Workshop - Friday Afternoon | \$215 | \$150 | \$50 |

Payment Options

Please enclose check (U.S. currency) payable to:

Michigan Academy of Family Physicians Foundation
 2164 Commons Parkway
 Okemos, MI 48864

Or by Credit Card below:

Credit Card Payment AmEx MasterCard Visa

Credit Card Number _____

Exp . Date _____ Card Holder Name _____

Signature _____ Date _____

(not valid without signature)