



# MATRIX INSTITUTE

Division of Wellness Systems Inc.

## Matrix Repatterning Symposium - December 2011

<b>REGISTRANT NAME</b>			
<b>PROFESSIONAL DESIGNATION</b>			
<b>ADDRESS</b>		<b>City</b>	
		<b>Prov / State</b>	
	<b>Postal Code / Zip</b>		<b>Country</b>
<b>PHONE NUMBERS</b>			
<b>EMAIL</b>			
<b>Designation</b>	<input type="checkbox"/> RMT <input type="checkbox"/> DC <input type="checkbox"/> DO <input type="checkbox"/> ND <input type="checkbox"/> MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> DVM <input type="checkbox"/> DDS		
<b>SYMPOSIUM LAST ATTENDED</b>	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011**		

SEMINAR & DATE	PRICE
<input type="checkbox"/> SYMPOSIUM SEMINAR: January 11-12, 2013	\$897 \$797 (if payment received 30 days prior to seminar start date)

PAYMENT METHODS			
<i>All prices include HST. GST Registration # 892058298</i>			
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH

<input type="checkbox"/> M/C	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	
<b>CARD #:</b>		<b>EXPIRY: mm/yy</b>	

All cancellations will be subject to a charge of 15% of the original course fee unless requested within 5 business days of enrollment

<b>REGISTRANT SIGNATURE</b>	
*I hereby agree to pay Wellness Systems Inc. according to the terms of payment listed above.	X

Please print, complete this form and submit it to:

Matrix Institute  
67 Prospect Street  
Newmarket, ON L3Y 3T1

OR

FAX to  
(905) 726-8575