The Osteopathic Health & Wellness Institute

http://www.ohwi.org

Osteopathy, Craniosacral Therapy, and Manipulative Therapy Education

High Velocity Low Amplitude Registration Form

November 8, 2012 9:00 am – 5:00 pm

Full Name: _____

Street Address: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Email: _____

Professional Lic: _____

Policies: A full refund will be issued if written notice is received postmarked no later than October 8th, 2012. After that date a 50% refund will be given until November 7th, 2012. After commencement of the course, no refunds will be issued. During the course photographs may be taken that may appear in promotional materials. By my signature I agree to the aforementioned policies:

Name (PLEASE PRINT) _____

Signature _____ Date _____

Would you like your contact information provided to the class? Yes___ No___

Registration fee: $295.00

Registrations must be mailed with payment in the form of

CHECK or **MONEY ORDER** payable to:

Steven Sanet, D.O.

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