



THE OSTEOPATHIC HEALTH & WELLNESS INSTITUTE

<http://www.ohwi.org>



**OSTEOPATHY, CRANIOSACRAL THERAPY, AND MANIPULATIVE THERAPY
EDUCATION**

Lymphatic Drainage Registration Form

January 14- 15, 2012; Daily 9:00 am – 5:00 pm
NCBTMB accredited for 16.0 hours.

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 3 weeks prior to the course start date. After that date a 50% refund will be given until the first day of the course. After commencement of the course, no refunds will be issued. During the course photographs may be taken that may appear in future promotional materials.

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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