



THE OSTEOPATHIC HEALTH & WELLNESS INSTITUTE

<http://www.ohwi.org>



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

Visceral Manipulation Registration Form

May 18 – 20, 2012 daily 9:00 am – 5:00 pm
NCBTMB accredited for 24.0 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 May 13, 2011. After that date a 50% refund will be given until May 27th, 2011. 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: \$495.00

Registrations must be mailed with payment in the form of

CHECK or MONEY ORDER payable to:

Steven Sanet, D.O.

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