

SEMINAR REGISTRATION FORM

Five Day Seminar with Louis Klein F.S. Hom - Advanced Clinical Homeopathy

JULY 6-10, 2009
IKARIA ~ GREECE

(Please print and send this form as per instructions below.)

REGISTRANT INFORMATION

Registrant's Name:

Mailing address:

P.O. Box:

City:

State/Province:

ZIP/Postal Code:

Country:

Best Phone Number:

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Email Address:

Would you like us to help you find a room mate?

Number of years in practice:

Yes No

Basic training:

Briefly describe the nature of your practice:

Special Requests/Comments:

PAYMENT DETAILS

Seminar Cost - \$775 US or CA / £395 / €525

Deposit - \$200 US or CA / £100 / €135

_____ (deposit required to hold your spot)

Balance - \$575 US or CA / £295 / €390

_____ (payment due by April 15, 2009)

OR Pay Full Amount - \$775 US or CA / £395 / €525

_____ (payment due by April 15, 2009)

I have read the Cancellation and Refund Policy

I have read the Terms & Conditions

MAILING INSTRUCTIONS

We accept cheques (made out to *Luminos Courses Ltd.*).

Register by mail, phone, fax or email:

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Email: info@homeopathycourses.com

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