

Register for the Clinical Conferences

Use this form to register by mail or fax
or register online at www.thebowencenter.org

Name: _____
Please write your name and academic credentials as you would like them to appear on your name tag.

Organization: _____

Address: _____

Daytime phone: _____

E-mail: _____

Credit card: Visa Mastercard Discover
(check one)

Credit Card #: _____

Expiration date: _____

Signature: _____

Clinical Conference Fees

Please circle your choices:

Entire Series

Regular	\$845.00	save 30%
Bowen Center Trainee	\$660.00	save 36%
Full-Time Student	\$240.00	

Four Conference Package (excludes November)

Regular	\$400.00	save 30%
Bowen Center Trainee	\$320.00	save 30%
Full-Time Student	\$100.00	

Dates Selected : 1) _____ 2) _____
3) _____ 4) _____

Individual Conference (excludes November)

Regular	\$135.00
Bowen Center Trainee	\$115.00
Full-Time Student	\$40.00

Date Selected : 1) _____

November Conference

Regular	\$145.00
Bowen Center Trainee	\$135.00
Full-Time Student	\$45.00

CEU Fee:
Number of Conferences x \$15 = _____

TOTAL: _____

Please make check payable to The Bowen Center.
Outside the US, use a money order or credit card.

Mail or fax this form with your payment to:

The Bowen Center
4400 MacArthur Boulevard, NW Suite 103
Washington, DC 20007-2521
Phone: 202-965-4400 Fax: 202-965-1765