Register for the Clinical Conferences

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

Print Name: ____
Please write your name and academic credentials that will appear on your name tag (please put your degree rather than a license).

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%*
Postgraduate Program Trainee	$660.00	*save 35%*
Full-Time Student*	$240.00	*save 33%*
Part-Time Student**	$390.00	*save 33%*

Four Conference Package:

Regular	$400.00	*save 25%*
Postgraduate Program Trainee	$320.00	*save 30%*
Full-Time Student*	$100.00	

Dates Selected : 1) ___________ 2) ___________
3) ___________4) ___________

Individual Conference:

Regular	$135.00
Postgraduate Program Trainee	$115.00
Full-Time Student*	$40.00
Part-Time Student**	$65.00

Date Selected : 1) ___________

CEU Fee:

Number of Conferences x $15 = ___________

TOTAL: _______________

* Full-time students must provide a letter from the registrar's office to be eligible for discounted rate

** Part-time students must provide their student ID to be eligible for discounted rate

Please make check payable to The Bowen Center.
Outside the US, use a certified check 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