



**Joint Meeting: March 19-21, 2010, Nashville, TN**  
**International College of Integrative Medicine**  
**and American Holistic Medical Association**



**“Healthy Brain, Healthy Body: Mental Wellness in the 21<sup>st</sup> Century”**  
**Registration**

Name (to appear on Nametag) \_\_\_\_\_ Degree \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

I am a member of AHMA  I am a member of ICIM  
 I am not a member, but would like to join and save \$\$ on my registration (see attached membership forms).  
 I am not a member and do not wish to join at this time.

**ICIM Lead-In Workshops, March 17-18**

(please check one)	Early Bird	Standard	Late	Total
<input type="checkbox"/> “Primer of Natural Therapeutics” and “Neurotransmitters”				
<input type="checkbox"/> “The Clinical Practice of Chelation Therapy”				
	<b>by 1/4/10</b>	<b>by 2/24</b>	<b>after 2/24</b>	
AHMA/ICIM Doctor members (including Canadian)	<input type="checkbox"/> \$478	<input type="checkbox"/> \$528	<input type="checkbox"/> \$578	
Non-member Doctor	<input type="checkbox"/> \$575	<input type="checkbox"/> \$628	<input type="checkbox"/> \$678	
AHMA/ICIM Practitioner, Overseas, Resident	<input type="checkbox"/> \$350	<input type="checkbox"/> \$378	<input type="checkbox"/> \$438	
Non-member Practitioner, Overseas, Resident	<input type="checkbox"/> \$400	<input type="checkbox"/> \$428	<input type="checkbox"/> \$478	
Medical Student/ Retiree/Spouse/Guest	<input type="checkbox"/> \$250	<input type="checkbox"/> \$278	<input type="checkbox"/> \$338	
Recordings of Metals Workshop	<input type="checkbox"/> \$100			\$ _____

<b>ICIM Chelation Affiliate Program March 19-21</b>	<b>by 1/4/10</b>	<b>by 2/24</b>	<b>after 2/24</b>	
	<input type="checkbox"/> \$300	<input type="checkbox"/> \$328	<input type="checkbox"/> \$378	

<b>CME Main Conference, March 19 (7pm)-21(11:30am)</b>	<b>by 1/4/10</b>	<b>by 2/24</b>	<b>after 2/24</b>	
AHMA/ICIM Doctor members (including Canadian)	<input type="checkbox"/> \$578	<input type="checkbox"/> \$628	<input type="checkbox"/> \$678	
Non-member Doctor	<input type="checkbox"/> \$675	<input type="checkbox"/> \$728	<input type="checkbox"/> \$778	
AHMA/ICIM Practitioner, Overseas, Resident	<input type="checkbox"/> \$450	<input type="checkbox"/> \$478	<input type="checkbox"/> \$538	
Non-member Practitioner, Overseas, Resident	<input type="checkbox"/> \$500	<input type="checkbox"/> \$528	<input type="checkbox"/> \$578	
Medical Student/Medical Retiree/Spouse/Guest	<input type="checkbox"/> \$250	<input type="checkbox"/> \$278	<input type="checkbox"/> \$338	
Recordings of Total Conference	<input type="checkbox"/> \$100			\$ _____

**Saturday Gala – Concert/Dinner/Dance, March 20** \$75 # of people \_\_\_\_\_ \$ \_\_\_\_\_

*Celebrate your conference on a high note. This event includes a live Nashville band and a lot of fun networking.  
 This has been a very popular event at past conferences and one not to be missed.*

**GRAND TOTAL \$ \_\_\_\_\_**

VISA  MC  Discover  Am Ex

Card# \_\_\_\_\_  
 Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_  
*(Security code required – 3 digits on back of card, or 4 digits on front of American Express Cards)*  
 Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

Requested Charge date (before March 15<sup>th</sup>) \_\_\_\_\_

**Fax to: 610-680-3847**  
**Mail: ICIM, Box 271, Bluffton OH 45817**  
**Please make checks payable to ICIM**  
**Check # \_\_\_\_\_**

**Cancellations:**  
 Full refund less \$100 administrative fee if cancelled prior to March 5, 2010.  
 No refunds issued after March 5.