

# InMED

Innovative Medical Education

Registration Form for [Ozone Therapy Course](#). Please Print, Complete, and Return by Fax  
== Grand Sierra Resort and Casino, Reno Nevada, May 17 – 22, 2012 ==

Please Book your Hotel Room by Calling the Grand Sierra Resort As soon As Possible (775-789-2000)  
(This information will appear on your Certificate. Please Print Clearly or [Return Home](#))

First Name:		Last Name:	
Are you a Practitioner? (Y/N):		Designation (ND, MD, HMD...):	
Street Mailing Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	
I am a Member of the American Academy of Ozonotherapists (AAOT): <input type="checkbox"/> Yes <input type="checkbox"/> No			
I would like information about the American Academy of Ozonotherapists (AAOT): <input type="checkbox"/> Yes please <input type="checkbox"/> No thanks			
How Did you Hear of InMed's Courses?:			

## Registration Section: Fee Schedule – Choose Which Modules you would like to attend (US Dollars):

### Introductory Courses:

- Ozone Therapy Certification Course = \$850.00**  
Thursday, May 17 and Friday May 18, 2012 (9:00am – 5:00pm)
- Beginning Prolozone (Prerequisite Ozonotherapy Cert. Course April 2012 or prior; See "A" Below) = \$1000.00**  
Saturday May 19, 2012 9:00 am – 5:00 pm and Sunday, May 20, 2012 9:00 am – 12:00 pm

I want to Save Money and Register for both courses:

- Ozone Therapy Certification and Beginning Prolozone = \$1600.00 (I save \$250.00)**

**Advanced Prolozone:** (You must have attended Beginning Prolozone Sept 2011 or Prior to Register; See "B" Below)

- Advanced Prolozone May 21 & 22, 2012 (Prerequisite Beginning Prolozone Sept. 2011 or prior) = \$850.00**  
Monday May 21, 2012 9:00 am – 5:00 pm and Tuesday, May 22, 2012 9:00 am – 3:00 pm

**Are you only registering for Beginning Prolozone, or for the Advanced Prolozone? Then please complete:**

- (a) "I previously attended Ozone Certification Course on Month: \_\_\_\_\_ Year: \_\_\_\_\_"  
(b) "I previously attended the Beginning Prolozone Course on Month: \_\_\_\_\_ Year: \_\_\_\_\_" (Oct 2011 or prior)

Please note that attendees of the Beginning Prolozone Course in May 2012 cannot register for the Advanced Prolozone Course May 2012. Those seeking advanced Prolozone training must perform Prolozone in their practice for a number of months to collect experience and case studies, before returning for the Advanced Prolozone Training.

**How would you like to pay for the course? (Please check one of the following options):**

- VISA  MasterCard  
 Personal Check (Complete this form and make your check payable to InMed Inc. Mail your completed form and your check to the address below. Your seat is only confirmed upon receipt of your check. We suggest you mail your check early, or courier it to the address below to ensure there is a seat for you at the course.)

**For MasterCard and VISA Customers:** Please complete the following information:

Cardholder's Name (please print clearly) \_\_\_\_\_

VISA / MC Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### **Important Notice:**

\$50 cancellation fee with 30-day notice. 1/2 registration fee refunded with less than 30-day notice.

Mail Checks to InMed: 1231 Country Club Drive, Carson City, NV 89703 USA

Please Return this Registration Form by Fax to InMed from Canada/USA: 1-250-665-7883 or International: 001 250 665 7883