



MATRIX INSTITUTE

Division of Wellness Systems Inc.

Matrix Repatterning Snoring & Apnea Fall 2010

REGISTRANT NAME			
PROFESSIONAL DESIGNATION			
ADDRESS		City	
		Prov / State	
	Postal Code / Zip		Country
PHONE NUMBERS			
EMAIL			
Designation	<input type="checkbox"/> RMT <input type="checkbox"/> DC <input type="checkbox"/> DO <input type="checkbox"/> ND <input type="checkbox"/> MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> DVM <input type="checkbox"/> DDS		
CERTIFICATION COMPLETION DATE	2007 <input type="checkbox"/>	2008 <input type="checkbox"/>	2009 <input type="checkbox"/> 2010 <input type="checkbox"/>

SEMINAR & DATE	PRICE
<input type="checkbox"/> MATRIX REPATTERNING SYMPOSIUM FALL 2010 Nov 21st & 22nd, 2010	\$897
	\$797 if pd in full by October 20th 2010

PAYMENT METHODS	
<i>All prices include GST. GST Registration # 892058298</i>	
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHEQUE
<input type="checkbox"/> M/C	<input type="checkbox"/> AMEX
<input type="checkbox"/> VISA	<input type="checkbox"/> MONEY ORDER
<input type="checkbox"/> CASH	
CARD #:	EXPIRY: mm/yy

REGISTRANT SIGNATURE	
*I hereby agree to pay Wellness Systems Inc. according to the terms of payment listed above.	X

Matrix Wellness Centre
33 Victoria Street
Aurora, ON L4G 1R1

Please complete this form and submit it to:

OR

FAX to
(905) 726-8575