


# MATRIX INSTITUTE

Division of Wellness Systems Inc.

## Matrix Repatterning Symposium - December 2011

<b>REGISTRANT NAME</b>			
<b>PROFESSIONAL DESIGNATION</b>			
<b>ADDRESS</b>		<b>City</b>	
		<b>Prov / State</b>	
	<b>Postal Code / Zip</b>	<b>Country</b>	
<b>PHONE NUMBERS</b>			
<b>EMAIL</b>			
<b>Designation</b>	<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		
<b>CERTIFICATION COMPLETION DATE</b>	<input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		

SEMINAR & DATE	PRICE
 <b>SYMPOSIUM SEMINAR:</b> Dec 1: 9:00am - 8:30pm & Dec 2: 8:30am - 12:30pm	<b>\$897</b>
	<b>\$797 if paid by Sept 30, 2011</b>

PAYMENT METHODS			
<i>All prices include GST. GST Registration # 892058298</i>			
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH

M/C   
  VISA   
  AMEX

<b>CARD #:</b>		<b>EXPIRY: mm/yy</b>	
----------------	--	----------------------	--

All cancellations will be subject to a charge of 15% of the original course fee unless requested within 5 business days of enrollment

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

Please print, complete this form and submit it to:

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

OR

**FAX to**  
 (905) 726-8575