



**Name:**

**Mailing Address:**

**Telephone:**

Home:

Work:

Cell:

**E-mail Address:**

**Name of Seminar(s):**

**Profession:**

**Please check one of the following if you will need a written verification of attendance:**

CEU: \_\_\_\_

Certificate of Attendance \_\_\_\_

**Payment arrangements**

(Cash or Check) \$125 per seminar

(Discount =10% when registering for two seminars; 20% when registering for four  
Discount applies to registrations made at *one* time)

**Total Amount Due: \$\_\_\_\_\_**

**Please note that space is limited and places will be held on a first-come/first-served basis.** Unless prior arrangements have been made, payment equal to one-half the total due must be received at this office one week before the presentation. Refunds for cancellations are subject to a \$25.00 registration fee.

**Please make checks payable to:** Ninth Wave Wellness Center  
Mail with this form to: 5 Northern Blvd, Box 1603  
Unit 16, Ste. 3  
Amherst, NH 03031