

COLLABORATION CURES



**October 17-19, 2019
Nashville, TN**



REGISTRATION FORM

First Name: _____ Last Name: _____

E-mail (required): _____ Organization: _____

First Name as it should appear on your badge (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Credentials: MD DO ND DC RN PhD Other: _____

Please Circle Selections

REGISTRATION RATES	AMOUNT
ACAM Member Doctor	\$829
ACAM Member Other	\$599
ACAM Premier Member	included
Student	\$399
Non-Member Doctor	\$1029
Non-Member Other	\$829

PRE-CONFERENCE WORKSHOPS (additional cost)	ACAM Member	Non Member
Chelation Advanced Provider Training	\$1495	\$1795
Stem Cell and Peptide Therapies	\$1495	\$1795

WILL YOU ATTEND?

Event	Yes	Yes, Vegetarian	No	# Guests
Welcome Reception: Thursday, Oct 17 6:00PM (Add \$69/guest)	Yes	Yes, Vegetarian	No	# Guests
Member's Business Meeting: Saturday, Oct 19 6:45 am –8:00 am	Yes	Yes, Vegetarian	Yes, No Breakfast	No
Final Night Event: Black Tie Gala contact AMBD for pricing options	Yes	# Guests		
Trade Show Guest: (Add \$150/guest)	Yes	# Guests		

Registration Total: \$ _____ Workshop Total: \$ _____ Event Total (if applicable): \$ _____ Grand Total: \$ _____

PAYMENT INFORMATION

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____ CVS: _____

Signature: _____ Date: _____

MAIL: 380 Ice Center Lane, Ste. C, Bozeman, MT 59718 | **FAX:** 406-587-2451 | **EMAIL:** info@acam.org

REGISTRATION CANCELLATION POLICY: Requests for cancellations must be received by September 17, 2019; a \$75 cancellation fee will apply. Cancellations after this date are non-refundable.