

CAAM

CALIFORNIA ASSOCIATION OF AYURVEDIC MEDICINE

PO BOX 3881, REDONDO BEACH, CA 90277-1721
PHONE: (310) 375-4325 WWW.AYURVEDA-CAAM.ORG

CAAM CONFERENCE, SEPTEMBER 6TH, 2008 REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () - EMAIL: _____

WEBSITE: _____

ARE YOU AN AYURVEDIC PRACTITIONER? YES NO

REGISTRATION FEES:

EARLY BIRD REGISTRATION:
ON OR BEFORE AUGUST 29TH, 2008 \$125 X _____ = \$ _____
Registration at the door \$150

CAAM MEMBERSHIP: *SPECIAL HALF-OFF CAAM MEMBERSHIP FOR ATTENDEES*
GENERAL MEMBERSHIP \$37.50 X _____ = \$ _____

PRACTITIONER MEMBERSHIP (*SUBJECT TO APPROVAL*) \$75 X _____ = \$ _____
PLEASE COMPLETE AND RETURN SEPARATE PRACTITIONER MEMBER APPLICATION.

PLEASE MAIL THE REGISTRATION FORM ALONG WITH PAYMENT TO ABOVE ADDRESS. MAKE CHECK PAY-
ABLE TO "CAAM". FOR CREDIT CARD PAYMENTS, PLEASE FILL OUT THE INFORMATION BELOW AND EITHER
SCAN AND EMAIL TO DRMARK@DRMARKVINICK.COM OR SEND TO ABOVE ADDRESS.

VISA/MC # _____ Expiration: _____

3 digit CVC Code: _____ (on back of card)

Billing address (if different from above)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

I AUTHORIZE CAAM TO CHARGE THE GRAND TOTAL TO MY CREDIT CARD FOR CAAM CONFERENCE.

SIGNATURE: _____ DATE: _____