

Networking & Educational Seminar for Lymphedema Therapists Doylestown Hospital, Doylestown, PA (near Philadelphia), October 12-14, 2018

REGISTRATION FORM

1 tarric					
Occupation/Credentia	als				
Hospital/Business Affi					
BUSINESS Street Add	ress				
City		State	<u>)</u>		
HOME Street Address	·				
City					
Phone	Cell_			Fax	
SEMINAR FEE* Optional Pre-S OR WORKSHO KAREN	ing us your email, your state in the state of the state o	act Hours) HOP + Recep FRIDAY EVE , OTR, CLT-L	otion: \$129 PRESENTAT ANA) (or \$99 with TION: \$159 (5	seminar) contact hours)
* TOTAL for SE	MINAR & WORK	SHOP: \$48	8 (15 Cont	act Hours)	
\$ Total Enclosed/Charged to my Credit Card					
VISAM	asterCardA	Am Ex OR	Check Er	iclosed (Chec	:k #)
Credit Card #		Exp	o Date	_/Securit	xy Code#
Signature Upon receiving your con		form and payn	nent, Lymphe		rs will email you a
EAV TO. Laurende ed		_		includes wel	come Hors

FAX TO: Lymphedema Seminars: 805.772.4717

OR MAIL TO:

Name

Lymphedema Seminars P.O. Box 838

Morro Bay, CA 93443-0838

CONTACT: Phone: 805.772.3560 **Email:** info@lymphseminars.com **Website:** www.lymphseminars.com

* Seminar fee includes welcome Hors D'Oeuvres Reception, lectures, networking, coffee, snacks, breakfasts and Saturday lunch. Accomodations can be made at the Hampton Inn Doylestown/ Warrington (2.8 miles from the seminar.) Ask for the discounted group rate for *Lymphedema Seminar* of only **\$159.** Call them directly at 215-343-8400. Visit our website for further information.