



**6<sup>th</sup> Annual General Meeting & Conference**  
**May 5, 6, 7 & 8, 2010**  
**RADIUM HOT SPRINGS, BC**

**Conference Registration Form**

Please Print Clearly

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Membership Number (if applicable) \_\_\_\_\_

In accordance with Canadian Privacy Legislation the information you provide on this form is confidential; it will be used to facilitate the administrative aspects of the conference. A copy of the Ortho-Bionomy Association of Canada (OBAC) Privacy Policy can be obtained on line at [www.ortho-bionomy.ca](http://www.ortho-bionomy.ca) or from the Association office.

**Register Early – Space is Limited!**

A \$50.00 (non-refundable) deposit is required to reserve your workshop space at the Conference.  
**EARLY REGISTRATION DISCOUNT: We must receive your deposit by April 10, 2010**

	Member	Non-Member	
<b>Before April 10, 2010</b>			
OVERVIEW & INTEGRATION OF ALL PHASES (May 5, 2010)	\$175.00	\$200.00	_____
EXPLORATION OF MOVEMENT (May 6 & 7, 2010)	\$250.00	\$275.00	_____
<b>THREE DAY PACKAGE</b>	<b>\$400.00</b>	<b>\$450.00</b>	_____
<b>After April 10, 2010</b>			
OVERVIEW & INTEGRATION OF ALL PHASES (May 5, 2010)	\$200.00	\$225.00	_____
EXPLORATION OF MOVEMENT (May 6 & 7, 2010)	\$275.00	\$300.00	_____
<b>THREE DAY PACKAGE</b>	<b>\$450.00</b>	<b>\$500.00</b>	_____
<b>STUDY GROUP (3 hrs – May 8, 2010) \$60.00</b>			_____
<b>TOTAL AMOUNT OWING</b>			_____
<b>Minus Deposit or Fees paid</b>			( _____ )
<b>BALANCE OWING (due on first day of class - May 5 or 6, 2010)</b>			_____
Please make all Cheques or Money Orders payable to OBAC			

Mail completed Registration Form and Deposit or Fees to:

**Christine Karl**

**#7-231 Victoria St.**

**Kamloops B.C. V2C 2A1**

**For more information email: [fitnessandmassage@yahoo.ca](mailto:fitnessandmassage@yahoo.ca) Subject: AGM**

**Website: [www.ortho-bionomy.ca](http://www.ortho-bionomy.ca)**