



**Networking & Educational Seminar for Lymphedema Therapists
Eisenhower Medical Center, Rancho Mirage, CA
October 28-30, 2022**

REGISTRATION FORM

Name _____
Occupation/Credentials _____
Hospital/Business Affiliation _____
BUSINESS Street Address _____
City _____ State _____ Zip _____
HOME Street Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Fax _____
Email _____

(NOTE: By giving us your email, you are subscribing to receive notifications from us.)

SEMINAR FEE*: \$389 (12 Contact Hours)

\$ _____ Total Enclosed/Charged to my Credit Card
____ VISA ____ MasterCard ____ Am Ex **OR** Check Enclosed (Check # _____)
Credit Card # _____ - _____ - _____ - _____ Exp Date ____/____ Security Code# _____
Signature _____

Upon receiving your completed registration form and payment, Lymphedema Seminars will email you a confirmation and further seminar information.

FAX TO: Lymphedema Seminars: 805.772.4717
OR MAIL TO: 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 Wine & Hors D'Oeuvres Reception, lectures, networking, coffee, snacks, breakfasts and lunches. Accommodations can be made at **Holiday Inn & Suites** (1 mile from seminar). Ask for the discounted **Block Code LYM rate of \$149**. Call them directly at 760-340-5516. Visit our website for further info.