



# Networking & Educational Seminar for Lymphedema Therapists Mount Sinai Hospital, Hartford, CT, October 13-15, 2017

## 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)*
- Optional FRI Presentation + Reception + Friday Evening Presentation: \$159** *(4 contact hours)*
- TOTAL SEMINAR + OPTIONAL PRESENTATION: \$488** *(14 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 conference 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 Hors D'Oeuvres Reception, lectures, networking, coffee, snacks, breakfasts and Saturday lunch. Accommodations can be made at the Hartford/Windsor Marriott Airport (6 miles from seminar.) Ask for the discounted group rate for **Lymph Seminar** of only **\$95**. Call them directly at 860-688-7500. For further information visit our website.