



Networking & Educational Seminar for Lymphedema Therapists Medical City Dallas Hospital, Dallas, TX, April 28-30, 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)

\$ _____ Total Enclosed / wCharged 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 Wine & Hors d'Oeuvres Reception, lectures, networking, coffee, snacks, breakfasts and Saturday lunch. Accommodations can be made at Hyatt Place Dallas/Parlk Central, (3/4 mile walk to the seminar.) Ask for the discounted group rate for *Lymph Seminar* of **only \$99**. Call them directly at 972-458-1224. Visit our website for further information.