

(((ONDAMED))) a better way to make you better

Join Us
Integrative Healthcare Symposium
FEB. 10 + 11, 2012
Hilton Hotel, New York City



***Experience A Personalized ONDAMED Session ~
Visit Booth #404!***

Step 1

Fill out the form below to receive free admission to the Exhibit Hall
and to register for the Symposium



Step 2

Click below to email Ondamed Inc. for your personalized ONDAMED session at the Symposium

support@ondamed.net

(((ONDAMED)))

Email Ondamed Inc.

We look forward to seeing you at the show!

***If you are unable to visit us at this symposium,
join us at one of the upcoming worldwide conferences:***

Ondamed Inc. Events Calendar*

February 04 - February 05, 2012

Lifetime-Beauty Düsseldorf, Germany

Experten und Wissenschaftler präsentieren neue Wege, neue Erkenntnisse und neue Methoden aus der Ästhetischen und Antiageing Medizin.

[Click here for more information](#)

May 16 - May 19, 2012

A4M Orlando, Florida

20th Annual World Congress on Anti-Aging and Aesthetic Medicine

[Click here for more information](#)

June 16 - June 17, 2012

Heilpraktiker Congress, Karlsruhe, Germany

[Click here for more information](#)

December 12 - December 15, 2012

A4M Las Vegas, Nevada

Annual World Congress on Anti-Aging and Biomedical Technologies

[Click here for more information](#)

**Calendar events are subject to change.*

Contact Ondamed Inc. if you are planning to attend an event.



Integrative Healthcare SYMPOSIUM

Conference: February 9–11, 2012
Exhibits: February 10–11, 2012
Pre-Conference Workshop: February 8, 2012
New York, NY
Hilton New York



VIP Registration

A special invitation to the Exhibit Hall at the Integrative Healthcare Symposium for FREE, PLUS receive 10% off your Full Conference pass!

5 easy ways to register

When registering online or by phone you must use priority code 103126

ONLINE: www.ihSYMPOSIUM.com

FAX: 972-620-3099

MAIL: Integrative Healthcare Symposium
ARI, Inc
350 East Royal Lane, Ste. 100
Irving, TX 75039

PHONE: 972-943-4773

BRING: Flyer to event

www.ihSYMPOSIUM.com

Produced by:

diversified
BUSINESS COMMUNICATIONS

Integrative Healthcare Symposium Registration

FREE for Exhibit Hall only **PLUS receive 10% off your full conference pass!**

1 Please Print – Your Badge Will Read As Follows:

(The characters provided are the maximum per line of print) **Incomplete forms will not be processed.**

Name _____
 Title _____
 Company _____
 Address _____
 City _____ St/Prov _____ Code: 103126
 Postal/Zip Code _____ Country _____

Due to liability restrictions, no one under the age of 18, including infants & toddlers, will be allowed on the show floor at any time. There will be NO exceptions. Cameras, video recorders or recording devices are not permitted. Soliciting on the show floor by attendees is strictly prohibited.

2 Phone, Fax & Email:

Telephone _____ Fax _____

E-Mail _____

Please do not contact me via email about other related products and services your company provides.

From time to time we may make your name and address available to other companies whose products and services may interest you. If you prefer not to receive such mailings, please send your name and address to Integrative Healthcare Symposium Business Mailing Preference Service, P.O. Box 7437, Portland, ME 04112-7437 USA.

3 My Specialty Is:

- | | | |
|--|---|--|
| <input type="checkbox"/> 3A. Physician | <input type="checkbox"/> 3I. Licensed Herbalist | <input type="checkbox"/> 3Q. Acupuncturist |
| <input type="checkbox"/> 3B. Osteopath | <input type="checkbox"/> 3J. Naturopath | <input type="checkbox"/> 3R. Pharmacist |
| <input type="checkbox"/> 3C. Registered Nurse | <input type="checkbox"/> 3K. Homeopath | <input type="checkbox"/> 3S. Psychiatrist |
| <input type="checkbox"/> 3D. Physician's Assistant | <input type="checkbox"/> 3L. Physical Therapist | <input type="checkbox"/> 3T. Faculty |
| <input type="checkbox"/> 3E. Nurse Practitioner | <input type="checkbox"/> 3M. Massage Therapist | <input type="checkbox"/> 3V. Other |
| <input type="checkbox"/> 3F. Registered Dietician | <input type="checkbox"/> 3N. Medical Spa | |
| <input type="checkbox"/> 3G. Nutritionist | <input type="checkbox"/> 3O. Wellness Center | |
| <input type="checkbox"/> 3H. Chiropractor | <input type="checkbox"/> 3P. Traditional Chinese Medicine | |

4 Sign Me Up for the Integrative Healthcare Symposium:

	Early Bird (Register by Oct. 31)	Pre-Event (Register by Feb. 8)	Onsite
<input type="checkbox"/> Full Conference Passport (with 10% discount):	\$445 \$400.50	\$545 \$490.50	\$645 \$580.50
Includes keynotes, plenary, breakout sessions, exhibit hall, reception and electronic proceedings to be emailed pre-event.			
<input type="checkbox"/> One-Day Full Conference:	\$320	\$320	\$385
For the day of your choice, to include keynotes, plenary, breakout sessions, exhibit hall, reception (if applicable) and electronic proceedings to be emailed pre-event.			
<input type="checkbox"/> Exhibit Hall Only:	FREE	FREE	FREE
Includes admission to exhibit hall only.			
<input type="checkbox"/> Student Rate:	\$225	\$225	\$325
Available to full-time students only and includes keynotes, plenary, breakout sessions, exhibit hall, reception and electronic proceedings to be emailed pre-event. Note: valid student ID required.			
<input type="checkbox"/> Pre-Conference Workshop: Feb. 8	\$75 \$67.50	\$95 \$85.50	\$195 \$175.50
Pre-Conference Workshop (with purchase of Full Conference Passport): Sessions are intended for practitioners who are licensed to order testing and treat patients with hormone imbalance as defined by their state boards. Includes Feb. 8th educational sessions and electronic proceedings to be e-mailed pre-event. Register by Feb. 7 for pre-event rate. <i>Thanks to Labrix for their unrestricted educational grant.</i>			

TOTAL \$ _____

Method of Payment:

(Registration fees are non-refundable. Discount cannot be combined with any other promotional offer or member discount.)

Check enclosed in U.S. dollars drawn on a U.S. bank made payable to Diversified Business Communications
Please note: Checks are not accepted at event.

Charge my credit card: (charge will appear as Diversified Expositions)
 Visa American Express Mastercard Discover

Card # _____

Exp. Date _____

Card Holder Name _____

Card Holder Signature _____