



# 6<sup>th</sup> International Laser Therapy Conference

Thurs. June 9<sup>th</sup>- Sat. June 11<sup>th</sup>, 2011  
Sheraton Centre Hotel  
123 Queen Street West, Toronto, ON, Canada

## Registration Form

Please CLEARLY complete this registration form

TITLE:  Mr.  Mrs.  Ms.  Dr.  Prof.  Other: \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Clinic/Company/Institution \_\_\_\_\_

Professional Designation(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province (State) \_\_\_\_\_ Postal/ZIP code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Packages:

Early Bird Registration\*  
\$750/person  
Number of people: \_\_\_\_\_  
*\* Register before Sept. 30, 2010*

Regular Registration  
\$850/person  
Number of people: \_\_\_\_\_

### Payment Information:

Cheque      Credit Card:  Visa  Mastercard

Credit Card # \_\_\_\_\_ Expiry(mm/yy) \_\_\_\_\_ Security Numbers on Back  
(3 digits on back of card)

Name on Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Amount to be charged \_\_\_\_\_

Return completed with payment information to:  
**Fax:** 416-251-2116  
**e-mail:** [training@bioflexlaser.com](mailto:training@bioflexlaser.com)  
**phone:** 416-251-1055 or 888-557-4004  
**mail:** Meditech International Inc.  
415 Horner Ave. Unit 1,  
Toronto, Ontario, Canada, M8W 4W3

### Important Information

1. Registration is not confirmed until payment has been received.
2. Cancellation Refund Policy: Requests for refunds must be received 1 month prior to the training. An administrative fee of \$200 will apply.