



AFRICAN HEALING WISDOM

From Tradition to Current Applications and Research

African Healing Wisdom Conference
Hyatt Regency, Capitol Hill, Washington, DC
July 6-9, 2005

www.africanmedicine.info

First Name: _____ Last Name: _____

Credentials: _____ Organization: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Daytime Phone: _____

Fax: _____ email: _____



Check here if, under the Americans with Disabilities Act, you need special seating arrangements because of hearing, visual or mobility impairments. Please return this form by June 22, 2005 if you require assistance. Someone from the conference office will be in touch with you.

Full Conference Fees: Includes all events from Wednesday evening through Saturday evening. Please check one box.

Advance Registration Fees

Regular \$295.00

Student \$150.00*

Late or On-Site (Post Marked after July 1st, if space is available)

Regular \$395.00

Student \$250.00*

* Copy of a dated and valid student ID must accompany registration form and payment.

CME Credits for Physicians Fee: \$150.00

Certificate of Attendance Fee: \$95.00

I would like to be a supporter and make a tax-deductible contribution in the amount of \$_____

Total Payment: \$_____

Method of Payment: American Express Visa/MasterCard Check or Money order in US funds
(made payable to GWUMC)

Credit Card Number: _____ Expiration Date: _____

Name of card Holder: _____ (Please Print)

Signature: _____

Break-Out Session Selections

1st Choice

2nd Choice

Submit completed form with payment to:

Thursday, July 7

The George Washington University
Medical Center

Friday, July 8

Office of CEHP
2300 Eye Street, NW
Suite 313-D

Saturday, July 9

Washington, DC 20037

Cancellation Policy:

All cancellation requests must be made in writing. No phone cancellations will be honored. A full refund minus a \$75.00 processing fee will be made for each request received by June 22, 2005. No refunds will be made for requests received after June 22, 2005. All refunds will be issued 3 to 4 weeks after the conclusion of the conference. Please send your written cancellation request to The George Washington University Medical Center, 2300 Eye Street, NW, Suite 313-D, Washington, DC 20037 or fax it to 202-994-1791.