



Brimhall Wellness™
See Miracles Daily

CERTIFICATION REGISTRATION

NAME: _____ **TITLE:** _____

DC DO MD CA MT PT Other: _____

E-Mail Address: _____

Billing Address: _____

City / State / Zip: _____ / _____ / _____

Clinic Phone: (_____) _____ - _____

Cell or Home Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

2012 Certification / Re-Cert Dates

- Certification – August 3-5
- Newly certifying Dr./Practitioner = **\$1,000**
- Newly certifying CA/Staff / Student = **\$500**
- Re-certifying Dr. / Practitioner = **\$500**
- Re-certifying CA / Staff / Student = **\$250**
- Audit Dr. / Practitioner = **\$500**
- Audit CA / Staff / Student = **\$250**

I, _____ confirm my reservation to the Brimhall Certification Seminar date checked above with my non-refundable check or credit card. I understand that half of the registration price will be charged at the time this form is received and the other half is due, and will be charged with the card on file, four weeks prior to the seminar date. I also understand that I must attend three Brimhall Wellness™ Seminars* (Basic, Intermediate, & Advanced) prior to Certification. **Does not apply to Audit*

Payment Method:

- Credit Card (preferred payment method) #: _____
- MC Visa Disc AmEx Exp _____ Code: _____
- Check #: _____ (Make checks payable to Health Path Seminars)

I authorize this card to be charged for both installments.

Approval Signature

Date

FAX THIS COMPLETED FORM TO BRIMHALL SEMINARS 480-222-0491

HOTEL: Hyatt Place Phoenix/Mesa - 480-969-8200

You must stay at the hotel for us to get the rooms for teaching and THE SPECIAL BRIMHALL ROOM RATES WILL EXPIRE FOUR WEEKS PRIOR TO THE SEMINAR!

Bring your percussor, adjustor and laser. Wear casual clothing and bring swimming suits. Registration starts at 8am on Friday and the test will be at 11am on Sunday. Additional information will be forthcoming.