

Healing Oasis Wellness Center 2019 Convention
“Integration & Understanding – The Missing Links for Recovery”
Nov 1st – 3rd, 2019

Name: _____

Degree (please circle appropriate one): DC, DVM, VMD, RVT, LVT, CVT, Other licensed degree: _____

Address: _____

Work phone number: _____ Cell: (will be kept private): _____

Email (required & will be kept private): _____

Location: National University of Health Sciences located at 200 E. Roosevelt, Lombard, IL 60148

For a list of hotels: Check our website for a specific link.

Registration requirements:

Please note: Attendees must be a currently licensed health care professional AND MUST sign the application/registration form. If there is any doubt, we will require a copy of your current and valid license.

COST:

- **For CVTs, LVTs, RVTs, or LVMTs.**
 - Early bird registration **postmarked** on or before August 24th, 2019: **\$350.00**
 - Registration **postmarked** between Aug 25th – Oct 19th, 2019: **\$395.00**
 - Registration **postmarked** on or after Oct 20th, 2019: **\$440.00**
- **DC, DVM, VMD, Other licensed health care professionals:** _____
 - Early bird registration **postmarked** on or before August 24th, 2019: **\$420.00**
 - Registration **postmarked** between Aug 25th – Oct 19th, 2019: **\$485.00**
 - Registration **postmarked** on or after Oct 20th, 2019: **\$535.00**

Benefit for successful graduates and alumni from the Healing Oasis Wellness Center (VSMT or VMRT Post Graduate Certification Programs): A 10% (ten percent) discount of total registration. Exception: There will be NO discount on registrations mailed on or after Oct 20th, 2019.

Benefit for current members in good standing with American Association of Rehabilitation Veterinarians (AARV) or Academy of Physical Rehabilitation Veterinary Technicians (APRVT): A 5% (five percent) discount of total registration. Exception: There will be NO discount on registrations mailed on or after Oct 20th, 2019. Letter from AARV or APRVT confirming that you are a current member in good standing MUST be included with registration.

Total payment: **ALL TRANSACTIONS PAYABLE TO Healing Oasis Wellness Center**

Registration for main conference: \$ _____

% discount (**ONLY one discount**) if applicable: \$ (-) _____

Total cost of registration: \$ _____

REMINDER: If you are utilizing the 5% discount for AARV or APRVT members, YOU **MUST INCLUDE** A LETTER FROM THE RESPECTIVE ASSOCIATION OR ACADEMY CONFIRMING YOUR CURRENT AND ACTIVE MEMBERSHIP.

Refund information:

- a. 75% refund if postmarked/emailed more than seven weeks of the scheduled date
- b. 50% refund if more than five weeks but less than seven weeks of the scheduled date
- c. 25% refund if more than four weeks but less than five weeks of the scheduled date
- d. NO REFUND if less than four weeks of the scheduled date.

***Please note that **ALL CANCELLATIONS** must be done in writing (no phone messages will be accepted as a cancellation). Cancellation notices must be sent via email to contact@healingoasis.edu.

Please note, that a **2.5%** charge for ALL credit card transactions

**ALL TRANSACTIONS PAYABLE TO:
HEALING OASIS WELLNESS CENTER**

Registration can be mailed to:

2555 Wisconsin St.

Sturtevant, WI 53177-1825

CONTACT@HEALINGOASIS.EDU

Signature of Applicant: _____

Date: _____

By signing above, applicant acknowledges that they are a licensed health care professional with a current valid license on their state of residency.

