

**Healing Oasis Wellness Center 2020 Conference**  
**“Biomechanics and Performance – The Perfect Marriage”**  
**ONE DAY / TWO DAY REGISTRATION FORM**  
**Nov 13<sup>th</sup> – 15<sup>th</sup>, 2020**

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. Note, the main hotel is the Crowne Plaza.**

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.**
  - **Friday registration ONLY:** \$168.00
  - **Saturday registration ONLY:** \$265.00
  - **Sunday registration ONLY:** \$148.00
  - Two day registration:  
**Fri/Sat; Sat/Sun or Fri/Sun (circle appropriate combination)** \$416.00
- **DC, DVM, VMD, Other licensed health care professionals: \_\_\_\_\_**
  - **Friday registration ONLY:** \$188.00
  - **Saturday registration ONLY:** \$285.00
  - **Sunday registration ONLY:** \$165.00
  - Two day registration:  
**Fri/Sat; Sat/Sun; Fri/Sun (circle appropriate combination)** \$435.00

NOTE: You will ONLY get the proceedings for the days that you are registering for.

**I am planning to attend the conference:**

		Please check the appropriate box		Circle appropriate track for Sat.	
<b>Face-to-face</b>		<b>Canine</b>		<b>Equine</b>	
<b>LIVE Streaming Conference</b>		<b>Canine</b>		<b>Equine</b>	

**For those that register to attend via LIVE streaming, please note that attendance will be confirmed by your login time. You will receive an invitation with a link for the dates that you are registered for.**

Note: In the unlikely event that the face-to-face conference has to be canceled, then ALL attendees will join through LIVE streaming/Webinar.

Special offers:

- A discount of 5% for all AARV and APRVT members (need official letter confirming membership)
- A discount of 10% for all Healing Oasis ALUMNI
- A discount of 50% for first responders/active military/reserve military that was activated for the COVID19 Pandemic must submit a letter fro the officer in charge (OIC) or commanding officer (CO). For specifics, please call our office (262-898-1680).

\*\*\*\*\*To receive any of the above discounts, the registration form MUST be postmarked by 20<sup>th</sup> October 2020.

Total payment: ALL TRANSACTIONS PAYABLE TO Healing Oasis Wellness Center

Registration for main conference: \$ \_\_\_\_\_

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

Total cost of registration: \$ \_\_\_\_\_

**NOTE:** 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. If you are utilizing the 50% discount for first responders, active/reserve military activated during the COVID19 Pandemic, you **MUST INCLUDE** letter from the OIC or CO.

Refund information:

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

\*\*\*Please note that **ALL CANCELLATIONS** must be made in writing (no phone messages will be accepted). Cancellation notices must be sent via email to [contact@healingoasis.edu](mailto:contact@healingoasis.edu).

\*\*\*Please note, that a **2.8%** 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.EUD](mailto:CONTACT@HEALINGOASIS.EUD)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**REGISTRATION FORM MUST BE SIGNED**