

Healing Oasis Wellness Center 2024 Conference
“Complacency – Not To Be Confused With Competency”
Nov 8th – 10th, 2024

Name: _____

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

Address: _____ ; _____, Zip code: _____

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

Email (required & will be kept private): _____

STATE License as it appears in your wallet or wall certificate. Please INCLUDE a COPY of the license (required by AAVSB): _____

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

Main hotel: Crowne Plaza (1250 Roosevelt Rd., Glen Ellyn, IL., 630-629-6000). There will be a **“block of rooms”** under Healing Oasis. The cost of the hotel room includes WiFi. **OCTOBER 10TH, 2024, IS THE CUTOFF DATE FOR ATTENDEE DISCOUNT!**

Registration requirements: Attendees must be licensed health care professionals, PROVIDE A COPY of the licenses, and **MUST sign the application/registration form.**

COST for the MAIN conference lectures:

- **Veterinary Technicians - Credentialed.**
 - Early bird registration **postmarked with payment** on or before August 16TH, 2024: **\$340.00**
 - Registration **postmarked with payment** between Aug 17th - Oct 2nd, 2024: **\$395.00**
 - Registration **postmarked with payment** between Oct 3rd – Nov 1st, 2024: **\$450.00**
- **Doctors (DC, DVM, VMD, or Other licensed health care professionals):**
 - Early bird registration **postmarked with payment** on or before August 16TH, 2024: **\$420.00**
 - Registration **postmarked with payment** between Aug 17th –Oct 2nd, 2024: **\$485.00**
 - Registration **postmarked with payment** between Oct 3rd - Nov 1st, 2024: **\$545.00**
 - **ACVSMR Residents with proper credentials (no additional discounts):** **\$300.00**

Cost for the HANDS-ON PRACTICUMS (NO VIRTUAL OPTIONS):

****NOTE: Only 15 students per lab group are allowed. Registration is on a first-come, first-served basis. See the schedule for specifics**

- **Anatomy challenge:** (to be completed on your own time) **\$FREE**
- **Thermography: (see schedule for specifics)**
 - GROUP 1 or GROUP 2 (**circle appropriate choice**)
Max of 15 per group **\$85.00**
- **Functional Neuroanatomy: Cervical & Brachial Plexi (see schedule for specifics)**
 - GROUP 1 or GROUP 2 (**circle appropriate choice**)
Max of 10 per group **\$85.00**

*****ALL labs have a MAXIMUM number of attendees. REGISTER EARLY.

How are you planning to attend the conference?

Check the appropriate box & CIRCLE which track you want for Sat (only one)

FACE-TO-FACE	<input type="checkbox"/>	CANINE	EQUINE
LIVE STREAMING CONFERENCE	<input type="checkbox"/>	CANINE	EQUINE

BENEFIT FOR SUCCESSFUL GRADUATES & ALUMNI from the **Healing Oasis Wellness Center** (VSMT or VMRT Postgraduate State-Approved Certification Programs):

- A **15%** (fifteen percent) discount for early-bird and regular registration postmarked by Oct 2nd, 2024; labs excluded.
- **NOTE: There will be NO discount on registrations postmarked or mailed on or after Oct 2nd, 2024.**

BENEFIT for members in good standing with the:

- Academy of Physical Rehabilitation Veterinary Technicians (APRVT)
- American Association of Rehabilitation Veterinarians (AARV) active members
- American College of Veterinary Sports Medicine and Rehabilitation (ACVSMR-Diplomates)
- American Veterinary Chiropractic Association (AVCA) active members
- College of Animal Chiropractors (CoAC) active members
- International Veterinary Chiropractic Association (IVCA) active members

***A 10% (ten percent) discount on total registration, labs excluded.

***An official letter from the association, academy or college confirming that you are a current member in good standing **MUST** be included with registration.

NOTE: There will be NO discount on registrations postmarked or mailed on or after Oct 2nd, 2024.

Benefit for first responders, active or reserve military personnel: 20% (twenty percent) discount. **NOTE: There will be NO discount on registrations postmarked or mailed on or after Oct 2nd, 2024.** Please note that the registration form must include a signed official letter with contact information from the officer in charge (OIC) or commanding officer (CO), which will be confirmed.

Note: ALL postmarked dates on the mailed letter will be confirmed.

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

Registration for main conference: \$ _____

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

Lab fee if applicable: (sorry, **no discounts**) + _____

Total cost of registration: \$ _____

*****ALL signed registrations MUST INCLUDE PAYMENT (check or cc information) and postmarked by the deadline. No cc information will be accepted over the phone.**

REMINDER:

- **If you utilize any discounts offered, YOU MUST INCLUDE A LETTER FROM THE RESPECTIVE association, institutions, CO, or OIC.**
- **Did you choose your preferred method of attendance? Are you planning to attend one of the labs?**

Refund information:

- 75% refund if postmarked/emailed more than seven weeks of the scheduled conference date
- 50% refund if more than five weeks but less than seven weeks of the scheduled conference 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 as a cancellation).

Cancellation notices must be sent via email to contact@healingoasis.edu.

*****Please note that there is a 3.4% charge for ALL credit card and PayPal transactions*** **Bank transfers charge is \$50.00****

ALL TRANSACTIONS PAYABLE TO: HEALING OASIS WELLNESS CENTER

2555 Wisconsin St., Sturtevant, WI 53177-8100

CONTACT@HEALINGOASIS.EDU

Signature of registrant: _____ Date: _____
By signing above, the applicant acknowledges that they are a licensed health care professional with a current valid license in the state of residency. **REGISTRATION FORM MUST BE SIGNED**

Credit card information (Visa, MC, or Discover):

Cc number: _____

Billing address if different from registration address provided: _____

CVV security code: _____

