

Healing Oasis Wellness Center 2025 Conference
“Knowledge: Like a Precious Metal, It Is PRICELESS”
Nov 7th – 9th, 2025

Name: _____ Degree: _____

Address: _____ ; _____, Zip code: _____

Work phone number: _____ Cell: (**required**) _____

Email (**required**): _____

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. **OCTOBER 10TH, 2025, IS THE CUTOFF DATE FOR ATTENDEE DISCOUNT!**

Registration requirements: All registrations **MUST** be signed and include a copy of a valid license.

COST for the MAIN conference lectures:

- **Veterinary Technicians**
 - **EARLY BIRD** registration postmarked with payment by Sept 18th, 2025: \$350.00
 - Registration postmarked with payment between Sept 19th – Oct 31st, 2025: **\$425.00**
- **Doctors (DC, DVM, VMD, or Other licensed health care professionals):**
 - EARLY BIRD registration postmarked by Sept 18th, 2025: \$425.00
 - Registration postmarked with payment between Sept 19th – Oct 31st, 2025: **\$495.00**
- **Residents:**
 - **APRVT** candidates with proper credentials (NO discounts): **\$300.00**
 - **ACVSMR** residents with proper credentials (NO discounts): **\$385.00**

BENEFIT FOR 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 1st, 2025**.
- **NOTE: There will be NO discount on registrations postmarked or mailed on or after Oct 1st, 2025.**

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.

***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 1st, 2025.

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 1st, 2025.** 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.

How are you planning to attend the conference?

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

FACE-TO-FACE	☐	CANINE	EQUINE
LIVE STREAMING CONFERENCE	☐	CANINE	EQUINE

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

Registration for main conference: \$ _____

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

Total cost of registration: \$ _____

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

ALL TRANSACTIONS PAYABLE TO: HEALING OASIS WELLNESS CENTER

2555 Wisconsin St., Sturtevant, WI 53177-8100

info@healingoasis.edu

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?

Refund information:

- a. 75% refund if postmarked/emailed more than seven weeks before the scheduled conference date
- b. 50% refund if more than five weeks but less than seven weeks of the scheduled conference 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 before 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 info@healingoasis.edu.

*****Please note that there is a 3.4% charge for ALL credit cards*****

Signature: _____ Date: _____

By signing the 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: _____ EXPIRATION DATE: _____

Billing address if different from registration address provided: _____

CVV security code: _____