REGISTRATION FORM
145th Annual Meeting of the
Homeopathic Medical Society of the State of Pennsylvania
In conjunction with the Southern Homeopathic Medical Association
March 11 & 12, 2010

Name _____ Title _____
(as you wish it to appear on nametag)
Additional Registrants: (Include ages of children) _____
_____
_____
_____

Address _____
street city state zip
Tel: _____ email: _____

Conference Fees:
(NO REFUNDS)

***Circle* the day(s) of the week you will be attending**: **Thursday** **Friday**

***Circle* one of the following amounts**:

Early Registration (Postmarked by 02/21/2010)			**After February 21, 2010**	
	1 day	**2 days**	**1 day**	**2 days**
1 person	$65	$120	$80	$135
2 persons	$120	$220	$135	$235
*Family(3-6)	$150	$280	$165	$295

***Family = 2 adults & up to 4 children under age 10; for each child 10-18, add $20 per day per child.**

Enter amount circled above $_____
Early registration ONLY -$_____ Deduct $10 if you are a member of HMSSP, SHMA, NCH or PANP (***circle one***)
+$_____ Add $20 per child age 10-18 per day (#of childrenX#of days X $20.00 = enter t

TOTAL Registration $ _____ NO REFUNDS

Mail this registration form with your check payable to the HMSSP and mail to ***M. Yohn, 25 Patton Road, Annville, PA 17003.***