

AOBTA Convention Registration...

FULL REGISTRATION: (Includes Welcome Breakfast, All Seminars, Friday Social, Saturday Luncheon, Morning Exercises, Keynote Address and Sunday Banquet and Dance. AOBTA members attend the ABT Exam Review workshop at no extra charge!)

		AMOUNT PAID
Early Bird (postmarked or faxed by May 18, 2007)		
AOBTA Member.....	\$ 430.00	\$ _____
AOBTA Student Member.....	\$ 285.00	\$ _____
Non-Member.....	\$ 510.00	\$ _____
Regular (postmarked or faxed by June 15 2007)		
AOBTA Member.....	\$ 485.00	\$ _____
AOBTA Student Member.....	\$ 325.00	\$ _____
Non-Member.....	\$ 570.00	\$ _____
On-Site Registration (after August 3, 2007)		
AOBTA Member.....	\$ 560.00	\$ _____
AOBTA Student Member.....	\$ 375.00	\$ _____
Non-Member.....	\$ 600.00	\$ _____

PART TIME REGISTRATION

One-Half Day	\$ 125.00	\$ _____
One Day	\$ 200.00	\$ _____
Two Days	\$ 350.00	\$ _____
Three Days.....	\$ 525.00	\$ _____
Morning Exercises (4 days only).....	\$ 80.00	\$ _____
Welcome Breakfast	\$ 35.00	\$ _____
Luncheon.....	\$ 45.00	\$ _____
Banquet & Dancing.....	\$ 65.00	\$ _____
Keynote Address with Candace Pert	\$ 40.00	\$ _____

POST CONVENTION WORKSHOP

- ABT Exam Review, Sept. 3, 2007**
Free to AOBTA members
Non-members..... \$ 200.00 \$ _____
- Subtotal** \$ _____
- I am a **non-member** registering for the full convention **and** the ABT Exam Review. Subtract \$50.00 — \$ _____
- Subtotal** \$ _____
- I qualify for the Five-Element Group Discount!
(See opposite page for group discount requirements) Subtract \$10% — \$ _____
- I am attending the Re-Visioning Day on August 30.
(members only; no charge) **TOTAL** \$ _____

REGISTRANT'S NAME (please print clearly) _____

ADDRESS _____

CITY _____ **STATE/PROVINCE** _____ **ZIP/COUNTRY** _____

PHONE – DAY (_____) _____ **EVENING** (_____) _____ **EMAIL** _____

Yes, I want the AOBTA to match me up with a roommate! **My meal food choice is:** Vegetarian or Fish

I am a Student of Asian Medicine (AM) and would like to become an AOBTA Student Member.
(Your application fee and first-year membership fee will be waived. You must include proof that you are currently an AM student)

METHOD OF PAYMENT (US \$ ONLY) Check (payable to "AOBTA") \$ _____

MasterCard # _____ Exp. Date _____ \$ _____

VISA # _____ Exp. Date _____ \$ _____

Cardholder's Signature _____ Print Name as it appears on card: _____

CONVENTION EDUCATION SESSION PREFERENCES

Seminars are on a first-come basis. Please put A, B, C or D in the spaces below according to your choices from the Program At A Glance. Be sure to fill in your 2nd and 3rd choices as your 1st choice may not be available. Also check the other courses you plan to attend.

	1st choice	2nd choice	3rd choice		1st choice	2nd choice	3rd choice
Fri. p.m.	_____	_____	_____	Sun. a.m.	_____	_____	_____
Sat. a.m.	_____	_____	_____	Sun. p.m.	_____	_____	_____
Sat. p.m.	_____	_____	_____	Mon. a.m.	_____	_____	_____

7 - 8 a.m. Morning Exercises Fri Sat Sun Mon

NCCAOM Item-Writing Workshop (NCCAOM Diplomates only; no charge): Mon **COMTA Workshop** (AOBTA®-CIs only; no charge): Mon

How did you hear about this event? _____

CANCELLATION POLICY:

- 80% refunded if notice is received by **June 1, 2007**
- 70% refunded if notice is received by **June 29, 2007**
- No refunds or cancellations as of **June 29, 2007**
- No refunds for 5-Element Discount participants

RETURN THIS COMPLETED FORM WITH FULL PAYMENT BY MAIL, OR CREDIT CARD PAYMENT BY FAX TO:

AOBTA CONVENTION
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Phone: 856.782.1616 Fax: 856.782.1653 www.AOBTA.org