



17TH ANNUAL CONFERENCE

MEDICAL ACUPUNCTURE 2005: MYSTIQUE TO MAINSTREAM

The American Academy of Medical Acupuncture
March 31st – April 3rd, 2005 • Hilton Atlanta, Atlanta, Georgia

USE ONE REGISTRATION FORM PER ATTENDEE. Fill out form completely. Please print information clearly.

Full Name _____

Street Address / Suite/Apartment Number (if applicable) _____

City / State / Zip Code _____

Telephone _____

Fax _____

Email _____

REGISTRATION FOR SYMPOSIUM

EARLY BIRD REGISTRATION CLOSING ON MARCH 7, 2005. REGISTRATIONS RECEIVED AFTER THAT DATE ARE CHARGED THE HIGHER REGISTRATION FEE LEVELS.

REGISTRATION OPTIONS

REGISTRATION CATEGORIES	EARLY BIRD FEE BY MAR. 7, 2005	REGULAR REGISTRATION FEE BY MAR. 21, 2005	LATE REGISTRATION FEE AFTER MAR. 21, 2005	TOTAL FEE
<input type="checkbox"/> AAMA Full and Associate Members	\$495 ea.	\$545 ea.	\$595 ea.	\$ _____
<input type="checkbox"/> AAMA Affiliate Member	\$575 ea.	\$625 ea.	\$675 ea.	\$ _____
<input type="checkbox"/> Non-Member	na	\$645 ea.	\$695 ea.	\$ _____
<input type="checkbox"/> Medical Student / Resident	na	\$195 ea.	\$250 ea.	\$ _____

PRE-SYMPOSIUM WORKSHOPS

WORKSHOP FEE: \$195.00 EACH. INDICATE ONE CHOICE BELOW:

- I. Mind Body Medicine / Dr. Gordon
 II. Research Enhances Effectiveness of Acupuncture / Dr. Oschman
 III. Practical and Pragmatic Tips — A TCM perspective / Dr. Beyens
 IV. Strategies in Acupuncture Treatment / Dr. Mok

WORKSHOP FEE \$ _____

TOTAL ENCLOSED \$ _____

Make checks payable to "AAMA" and mail with completed form and payment in full to: American Academy of Medical Acupuncture, 4929 Wilshire Boulevard, Suite 428, Los Angeles, California 90010.

Charge my: VISA MASTERCARD

Name (As it appears on card. Please print.) _____

Card Number _____ Exp. Date _____

SIGNATURE (As it appears on card.) _____ Phone _____

EARLY BIRD REGISTRATION CLOSING ON MARCH 7, 2005, AFTER WHICH HIGHER REGULAR AND LATE FEE RATES APPLY. SEE BROCHURE FOR DETAILS. Payment in full is required prior to admittance and must accompany this form to qualify for advance registration fees. The final program, name badges and tickets will be available at the registration desk.

REFUNDS AND CANCELLATIONS. Requests for refunds must be in writing and received at the Assembly's office by March 24, 2005. As of March 24, 2005, no refund requests will be honored. There will be a \$50 handling fee assessed for cancellations.

**NEED INFORMATION? CALL 323.937.5514 VOICE, OR... 323.937.0959 FAX • jdowden@prodigy.net EMAIL
VISIT — WWW.MEDICALACUPUNCTURE.ORG — FOR DETAILED TOPIC AND SESSION INFORMATION**

PAYING BY CREDIT CARD? SAVE TIME & FAX YOUR REGISTRATION TO 323.937.0959