A4M-World.Asia 2011

10th Asia Pacific & 7th Indonesia A4M Conference on Anti-Aging & Regenerative Medicine

21-23 October 2011, Sanur Paradise Plaza Hotel, Bali

REGISTRATION FORM ~ INTERNATIONAL DELEGATE

Please complete all fields using BLOCK LETTERS CLEARLY. Incomplete form may not be processed. Photocopy for additional registrants.

Title:	Full Name: (to be printed on Certificate)		
Job Title:		Field of Expertise / Specialization:	
Professional Association:		Name of Practice/Facility:	
Postal Address:			
City/State:	Postcode:		Country:
Mobile/Phone/Fax:		Email:	

CONFERENCE REGISTRATION TYPE		EARLY BIRD/A4M MEMBER On/Before 31 Aug'11	REGULAR After 31 Aug'11
☐ **FULL PASSPORT** Eligible for attending Conference sessions during 21-22-23 October 2011 Please select and tick 1 (one) class on 22 Oct'11 and 23 Oct'11		USD 500.00	USD 600.00
21 Oct'11	☐ Symposium: Preventative & Anti-Aging Medicine in General Practice	USD 150.00	USD 200.00
22 Oct'11	☐ Hormone Therapy: An Effective Treatment of Obesity ☐ Stem Cell, Medical Fitness, Genetics ☐ HCG Diet, Organic Diet, Chelation Therapy	USD 200.00	USD 250.00
23 Oct'11	☐ Integrated Management of Cardiometabolic Risk ☐ Advanced Nutraceuticals Therapy ☐ Combined Solution: Aesthetic Medicine	USD 200.00	USD 250.00

ABAARM PACKAGES		
	☐ Study Package 1. ABAARM Foundation	USD 1,250.00
	☐ Study Package 2. ABAARM Board Review	USD 1,500.00
	☐ Exam Package. ABAARM Board Exam Part 1 ☐ or Part 2 ☐	USD 2,250.00
	☐ **ABAARM Board Review Workshop on 21 October 2011**	USD 350.00
	☐ ABAARM Board Exam ONLY Part 1 ☐ or Part 2 ☐	USD 1,720.00

VENUE HOTEL ROOM OPTION	RATES
☐ ~~SUPERIOR ROOM~~ SOLDOUT	USD 100.00
☐ PREMIER ROOM NEW	USD 140.00
☐ CLUB ROOM	USD 145.00

Rate is net/room/night. Benefits include daily breakfast for two persons. Committee shall confirm availability based on your preference.

Check in date: _____ Check out date: _____

Total: _____ night(s) x USD _____ = USD _____

Payment by Bank Transfer to: Account Name: SENTOSA PUTRA TJANDRA. USD Account No: 352 357 5300. Swift Code: BDINIDJA. Bank Name: Bank Danamon, Branch Hayam Wuruk. Bank Address: Jl. Hayam Wuruk 130 Denpasar, Bali, Indonesia.

NOTE: * Registration to the conference will be valid only upon received of payment in full amount. ** Should the application fail to meet the board requirements, the exam fee will be refunded minus 20% processing fee. Books, review materials, and/or courses beyond a syllabus and exam guide are not included in these fees. Qualifications and specifications for board examination may be subject to modification without notice by ABAARM at anytime. **CANCELLATION POLICY**: You must pay the full amount in order for Cancellation Policy to take effect. * Registered delegates unable to attend will receive 50% refund of the Conference Fee, provided that a written request is received by the Secretariat four weeks prior to Conference commencement. No refund will be issued for cancellation after this dateline. ** Cancellations for the exam will be refunded if notification received in writing 30 days following application receipt and prior to the stated registration deadline for the sitting date, minus 20% processing fee. Cancellation after deadline for sitting will be charged the penalty of 40% processing fee. * Accommodation written cancellation received before September 20, 2011, one-night cancellation fee will apply and 100% cancellation fee (as per reservation) for cancellation after this date and no show. Approved refunds will be completed within four weeks after the Conference. Refunds may be transferred to your account. Any charges will be withdrawn from your entitle refunds.

Signature:

Date:

I, the undersigned, certify that these materials are correct, complete, and true to the best of my knowledge. I have read and understand the provisions for refund of fees above. I certify with this signature that I will meet the ethical, academic, and professional standards set by the Board, and that I will have fulfilled all requirements for ABAARM certification by such time as such certification is awarded.

Registration documents to be emailed to account@victuslife.com or faxed to (65) 6491 5833