

Registration Form: *Health, Immunity & Inflammation*
May 6-8, 2016

International Symposium for Ayurveda & Health (ISAH)

Please print or type

Last Name _____ **First Name** _____ **Middle Initial** _____ **Degree** _____

Address _____ **City,** _____ **State,** _____ **Zip** _____

Daytime Phone/cell _____ **e-mail** _____

Please note: your e-mail address is used for information: registration confirmation, course evaluation, and communications.
 Please be sure to include an e-mail address you check daily or frequently.

Institution/Affiliation _____ **Specialty/Area of Interest** _____

REGISTRATION INCLUDES SATURDAY AND SUNDAY BREAKFAST

Symposium Registration	REGULAR Through March 30, 2016	LATE From April 1, 2016
GENERAL	\$250	\$300
ISAH MEMBER	\$225	\$275
Student Upon Eligibility	\$60	\$70
Saturday Only	\$150	\$175
SATURDAY DINNER	\$75	Available upon Confirmation

Please download and use registration form www.ayurvedahealth.org

CANCELLATION POLICY:

Refund of the registration fees with a deduction of 50 % for administrative costs will be granted for all written cancellations received no later than March 1st, 2016, after that date no refund of registration fee will be accepted or provided.

REGISTRATION _____

DONATION (STUDENT SCHOLARSHIP/RESEARCH) _____
 NO REGISTRATION NEEDED WHEN DONATIONS EXCEED \$500

DINNER _____

CME FEE \$100 (PENDING APPROVAL) _____

TOTAL AMOUNT _____

MAKE CHECK PAYABLE IN US DOLLAR: TO ISAH CHECK #

MAILING ADDRESS: Post Box 271737
 W. Hartford
 CT-06127-1737, USA

Signature----- Date-----

FOR INFORMATION PLEASE CONTACT:
Dr. Amala Guha: e-mail: aguha1@att.net

Please Visit: WWW.AYURVEDAHEALTH.ORG

* Your Donation to ISAH is Tax deductible for ISAH membership form