

Oriental Medicine – Physical Medicine

Introduction to OM-PM

REGISTRATION FORM

First Name: _____ Last Name: _____ M.I.: _____

Lic No.: _____ Check if Student: ____

Address: _____

Home Number: _____ Work Phone: _____ Cell Phone: _____

Website address: _____ E-mail Address: _____

- **Cost: \$350.00 (Registration Deadline: October 29, 2010)**
- **Cost after deadline: \$375.00**
- **When :** November 6 – 7, 2010, 9:00 AM – 5:00 PM
- **Where:** Won Institute
137 S. Easton Road
Glenside, PA 19038
- **Please make personal checks, cashiers checks, or money orders payable to “Ian A. Cyrus”**

I hereby submit this registration form to secure my participation in the Introduction to OM-PM workshop sponsored by the Won Institute:

Registrant's Signature: _____ Date: _____

Mail To:
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www.eastasianmed.com