



# 6<sup>th</sup> International Laser Therapy Conference

June 9<sup>th</sup>, 10<sup>th</sup> & 11<sup>th</sup>, 2011

Sheraton Centre Toronto Hotel - Canada

## Registration Form

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Clinic / Company / Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province / State

\_\_\_\_\_  
Postal / ZIP code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

### Name of Attendee(s)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Professional Designation(s)

\_\_\_\_\_  
Professional Designation(s)

\_\_\_\_\_  
Professional Designation(s)

### Payment Information

Registration for the full three day conference is \$850 for the first person, \$750 for each additional clinic member. Single day attendance is \$300 per person. All prices include tax.

Please indicate day(s) of attendance below only if not attending the full conference.

Thursday  Friday  Saturday

Mastercard  Visa  Cheque - *made payable to Meditech International Inc.*

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Cardholders Name

\_\_\_\_\_  
/\_\_\_\_\_  
Expiry (mm/yy)

\_\_\_\_\_  
Security Number  
(3 digits on back of card)

\_\_\_\_\_  
\$\_\_\_\_\_  
Total amount to be charged

Return completed form with payment information to:

**Fax:** (416) 251-2116 **Email:** [info@internationalallaser.org](mailto:info@internationalallaser.org)

**Mail:** Meditech International Inc. Unit 1, 415 Horner Avenue  
Toronto, Ontario, M8W 4W3, Canada

Registration is not confirmed until payment has been received. Cancellation Refund Policy:  
Requests for refunds must be received by May 1<sup>st</sup>, 2011. An administration fee of \$200 will apply.



**MEDITECH**  
INTERNATIONAL INC.

Phone: (416) 251-1055  
Toll Free: 1-888-557-4004

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