Illinois Association of Acupuncture and Oriental Medicine

Continuing Education Registration Form

Name of class _____

Name _____

Address _____

License # _____ State _____

Phone Day_____Evening _____

E-mail_____

Visa, MasterCard, or Discover Number: $5.00 processing fee for credit card orders __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ exp :_____

Signature: _____

Amount enclosed or to be charged $_____

Send form & payment to: ILaaom - 5315 North Clark Street, # 611 Chicago, IL 60640, or fax to 312-962-0333

For further information E-mail: Info@ilaaom.org