14th Annual Meeting & CME Course Registration Form
Society for Light Treatment and Biological Rhythms
June 13-15, 2002
San Diego, California

One registration form for each participant. Please type or print clearly. Mailed or faxed registrations will be accepted through June 1, 2002. After that date, a $25 late fee will be added.

Name: _____
First Last Suffix

Title: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____Fax: _____

Email: _____

(Registration confirmation will be sent via email.)

Annual Meeting Fees

[ ] SLTBR Member	$135.00
[ ] Non-member	$220.00
[ ] Student	$ 70.00
[ ] Banquet (per person)	$ 85.00
[ ] CME Course Fee	$100.00*

***Everyone is welcome to attend all sessions of the meeting; however, there is an additional $100 fee for the course.**

[ ] Late registration fee ***(after June 1)***	$25.00
Total	$_____

___ Charge registration fees to my credit card

NOTE: A 5% SERVICE CHARGE WILL BE ADDED TO CREDIT CARD PAYMENTS.

___ MasterCard ___ Visa

Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Signature _____

___ Enclosed is my check payable (USD) to SLTBR

check number _____

PO Box 591687 • San Francisco, CA USA 94159-1687 • (415) 876-0716 • FAX (415) 751-2758
email: sltbrinfo@aol.com