



EUROPEAN TOUR REGISTRATION FORM 2010

NAME:
ADDRESS:
TEL:
E-MAIL:

COUNTRY I (WE) WILL BE ATTENDING:

- SWITZERLAND:
- FRANCE: # of people who require translation services: _____
- AMSTERDAM:

WILL ANY FRIENDS/FAMILY/COLLEAGUES BE ATTENDING THE FREE DEMONSTRATION EVENING? YES NO # of people requiring translation services (France): _____

IF YES, PLEASE LIST NAMES:

NAME: _____ E:MAIL: _____

NAME: _____ E:MAIL: _____

NAME: _____ E:MAIL: _____

NAMES OF PEOPLE WHO WILL BE ATTENDING THE FULL DAY CONFERENCE:

NAME: _____ E:MAIL: _____

NAME: _____ E:MAIL: _____

NAME: _____ E:MAIL: _____

NAME: _____ E:MAIL: _____

ITEM	PRICE	QTY	TOTAL
EARLY BIRD (BEFORE AUG 27)(PASS)	€109		
EARLY BIRD (BEFORE AUG 27) (NON PASS)	€125		
PASS (AFTER AUGUST 27)	€135		
NON-PASS (AFTER AUG 27)	€150		
PAY-AT-THE-DOOR	€195		

JUST ADDED!

NEURENERGETICS DAY in Amsterdam! September 21.

Enjoy a day of transformation in a group setting combining NeurOptimal® and Energetics.

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EARLY BIRD (BEFORE AUG 27) (NON PASS)	€125		
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NON-PASS (AFTER AUG 27)	€150		
PAY-AT-THE-DOOR	N/A		

GRAND TOTAL: _____

Terms and Conditions:

Rates: PASS rates are extended to participants who are PASS members only. Additional guests may be brought in at regular rates for non-PASS members. All rates will be converted to and charged in CDN dollars.

Translation services: will be available in France. Please let us know on this form if you will be requiring translation services.

Go/no go: Each location requires a minimum of 25 participants for the main event to be a "go". We will not charge your credit card until we are sure we will be attending your location. We will know by August 27 if this is an issue or not. Regretfully, we cannot be responsible for any travel bookings you have made should the event be cancelled for any reason.

Cancellations or no-shows: We are making the decision of whether or not to attend your country based on the number of registrations we receive. Regretfully, we cannot reimburse you if you need to cancel for any reason.

Signature: _____ Date: _____

CARDHOLDER'S NAME	
CARD TYPE	VISA MASTERCARD
CREDIT CARD NUMBER	
EXPIRATION DATE	

I would like to pay using PayPal. Please send me a PayPal "Request for Funds" e-mail.