

California Association of Ayurvedic Medicine

PO BOX 3881, Redondo Beach, CA, 90277-1721

1-888-841-5823 (Phone & Fax)

WWW.AYURVEDA-CAAM.ORG

AYURVEDA DAY APRIL 29, 2006 * REGISTRATION FORM

NAME(s): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____

EMAIL: _____

Are you an Ayurvedic Practitioner? yes no If "yes", what is your educational experience? _____

If "no", what is your interest in Ayurveda? _____

FEES:

1. AYURVEDA DAY REGISTRATION:

Early Bird Registration (on or before 4/15/06) \$108 x _____ = \$ _____

Late Registration (after 4/15/06) \$130 x _____ = \$ _____

2. CAAM MEMBERSHIP:

Student/non-practitioner membership X \$FREE

Practitioner membership (\$55 Ayur Day discount) \$ 45 x _____ = \$ _____

TOTAL \$ _____

Please mail the form & check to the address above. Make check payable to "CAAM". For Credit Card payments, please fill out the details below. You can use Phone, Fax, Email, or Z-mail to register.

Visa/MC# _____ Exp _____

3 digit CVC Code: _____ (on the back of the card)

Billing address, if different from above: _____

I authorize AIA to charge the grand total to my Credit Card for CAAM conference.

Signature: _____ Date _____