

# Innovative Protocols for Treating Chronic Disease: Cancer, Cardiovascular and Neurodegenerative Disease

## COMPREHENSIVE PHYSICIAN TRAINING

Advanced Medical Education and Services Physician Association (AMESPA)



### REGISTRATION FORM

Name \_\_\_\_\_  
FIRST M.I. LAST MEDICAL DEGREE

Name of Practice \_\_\_\_\_

Specialty \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Five Day  
Intensive  
Training  
Seminar

#### **Please register me for:**

- March 5-9, 2008, Charlotte, NC       October 8-12, 2008, Charlotte, NC  
 July 15-20, 2008, Charlotte, NC

#### **\*Course Registration Includes:**

- One Physician (5 days)      • One Nurse (5 days)      • One Administrative Staff (2 days)

**Course \$20,000. Save \$1,000 if registered 60 days prior to course date.**

**Terms:** 50% with registration, balance due 30 days prior to the start of the course.

- \* **Additional Doctor** (MD or DO) from the same office - \$7,500 / \$7,000 with early registration.  
\*(Charge for additional doctor from the same office does not include video taping or marketing materials.)
- \* **PA** (physician assistant) or **NP** (nurse practitioner) from the same office - \$3,250 / \$3,000 with early registration.
- \* **Additional Nurse** from the same office - \$850
- \* **Additional Administrative Staff** from the same office - \$750

★ COPY OF STATE MEDICAL LICENSE MUST ACCOMPANY THE REGISTRATION FORM.★

**How did you learn about the AMESPA course?** \_\_\_\_\_

**100% Money Back Guarantee:** Complete refund offered prior to 8:00 pm at the conclusion of the presentation and banquet on the first day of the physician training course. Refunds contingent upon full attendance on day 1 of the course, attendance at the presentation and banquet the evening of the first day of the course and return of all course materials provided.

#### **To Register:**

**Phone:** Call toll free 888-3-AMESPA or if calling from outside the US, (775) 588-4103

Credit Card (CC):  VISA  MasterCard Credit Card No. \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ Name as it appear on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ 3 digit code on back of card: \_\_\_\_\_

**Fax:** Complete this form and fax to 775-580-8900. Or make your check payable to AMESPA, LLC and mail your check with this form to AMESPA administrative office at 9630 Julian Clark Avenue, Huntersville, NC 28078

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