

CHELATION ADVANCED PROVIDER CERTIFICATION

May 2-3, 2020 | Las Vegas, NV



ACAM.ORG/CAP



REGISTRATION FORM

First Name: _____ Last Name: _____
E-mail (required): _____ Organization: _____
Name as it should appear on your badge (First Name): _____
Address: _____ City: _____ State: _____ Zip: _____
Credentials: MD DO ND DC Lac PhD Other: _____
Phone Number: _____ Emergency Contact Name: _____
Emergency Contact Phone: _____ List Food Allergies (or say N/A) _____

Please Circle Selections: For questions reach out to ACAM Member Services | 800-532-3688

Chelation Advanced Provider Certification

Member: \$1,495

Non-Member: \$1,795

HOTEL INFORMATION

Arrival Date _____ Departure Date _____ # Rooms Needed _____
of guests in Room _____ Special Requests/Awards # _____

PAYMENT INFORMATION

Credit Card Type: Visa MasterCard Discover American Express
Credit Card #: _____ Exp. Date: _____ CVS: _____
Signature: _____ Date: _____

MAIL: 380 Ice Center Lane, Ste. C, Bozeman, MT 59718 | **FAX:** 406-587-2451 | **EMAIL:** members@acam.org

REGISTRATION CANCELLATION POLICY: Requests for cancellations must be received by April 1, 2020; a \$75 cancellation fee will apply. Cancellations after this date are non-refundable.