

**REGISTRATION FORM - CANADIAN COURSES IN CDN FUNDS IN RED
TRUBALANCE HEALTHCARE INC. (CANADA)**

Part I

- ☐ Transfer your credit
- ☐ **July 24 - 26 - Cancelled
Toronto, ON., CANADA**
- ☐ **August 7 - 9 - Virtual
Livestream + Zoom**

Part II

- ☐ **April 3 - 5
Salt Lake City, UT**
- ☐ **September 11
Chicago, IL**
- ☐ **October 23 - 25
Toronto, ON., CANADA**

Part III

- ☐ NA
- ☐ **May 1 - 3
Chicago, IL**
- ☐ **October 16 - 18
Houston, TX**

Part IV

- ☐ NA
- ☐ **June 26 - 28
Houston, TX**
- ☐ **December 4 - 6
Salt Lake City, UT**

- ☐ New Attendee Course Fee
\$1850.00 CDN + HST 13%
- ☐ Register by July 8, 2020
Save \$125
- ☐ Credit Note - \$ _____
- ☐ Past Graduate Fee \$975 +
HST 13% - (no discounts)

- ☐ New Attendee Course Fee
\$1850.00 CDN + HST 13%
- ☐ Register by Sept. 3, 2020
Save \$125
- ☐
- ☐ Past Graduate Fee \$975 +
HST 13% - (no discounts)

- ☐
- ☐
- ☐
- ☐

Please see www.worldlinkmedical.com to register for Part III & IV

CANCELLATION POLICY: Any cancellations received 30 days before the education event date, Trubalance Healthcare, Inc. (TBH) will retain a \$350.00 CDN + HST processing/cancellation fee and the remaining balance will be refunded back to you. Please email - donna@trubalancehealthcare.com - you will receive a confirmation receipt (texts are not accepted). If you are cancelling 3 days prior to the course date you will receive a credit note for the full amount for future courses. Cancellations received less than 3 days prior to the start of the event are non-refundable. No shows are non-refundable. TBH reserves the right to cancel the event should there be insufficient registration. In such an event, the full course fee will be refunded back to you.

Full Name

Credentials (MD, RN, RPh, ND, etc.)

License #

Email

Cell Phone

How did you hear about us?

Specialty

Clinic Address

City

State

Zip

Clinic Name: _____

Clinic Fax # _____ Clinic Tel# _____

Credit Card Type

- ☐ Master Card ☐ Visa ☐ American Express

Name on Card

Expiration

Card Number

Expiration Date

Security Code

X

Signature

If billing address for credit card is different than list address on the form:

Address

City

State

Zip

Course Material: You will receive a binder/syllabus at the course (digital will not be available)

Credit Card Info: If you prefer to give your card # over the phone please call us direct.
We do require the registration form to be completed & signed

Register online at: www.trubalancehealthcare.com/education

Direct Telephone: 647.884.0663

Fax: 1.866.418.9343

Email: donna@trubalancehealthcare.com

ATTENTION: Donna A. G. Kingman

Director of Business Development & Communications