Medical Weight Management Program

Please complete and Fax (toll-free) to: 1-866-284-9318

PROGRAM DATE:		**HOW DID YOU HEAR ABOUT THE PROGRAM ?**	
NAME ***(As you would like it shown on the Certificate)*****:** **LAST: FIRST: MIDDLE INITIAL: DESIGNATION (i.e. MD, DO, NP):**			
CELL PHONE:		**EMAIL ADDRESS:**	
SPECIALITY:	**MEDICAL LICENSE #**	**STATE(S) LICENSED:**	**EXPIRY DATE:**
ADDITIONAL ATTENDEE(s): **LAST: FIRST: MIDDLE INITIAL: DESIGNATION (i.e. RN, LPN): EMAIL:**			
MAILING ADDRESS: ☐ **Home** ☐**Practice** **STREET: CITY: STATE: ZIP CODE:**			
PRACTICE NAME:			
PRACTICE ADDRESS (if not entered above): **STREET: CITY: STATE: ZIP CODE:**			
PRACTICE TELEPHONE:		**PRACTICE FAX:**	
PROGRAM PRICING: ☐ **$995 (for IAPAM Membersx** ☐ **$295 (for IAPAM Membership)** ☐ **Additional Attendees: $595/ea QTY: ___** ☐ **$1495 (for non-members)**			
PAYMENT TYPE: Credit Card: ☐ **AMEX** ☐ **Visa** ☐ **MasterCard**			
CARD NUMBER:		**EXPIRY DATE:** / **(mm/yr)**	**CARD VERIFICATION NUMBER:** (3 digit number on back of card after the card number)
NAME AS IT APPEARS ON CREDIT CARD:			

*** PLEASE NOTE: YOU WILL RECEIVE A CHARGE ON YOUR CREDIT CARD STATEMENT FROM: IAPAM**

^ PLEASE NOTE: Due to an exclusive licensing agreement we cannot accept any registrations from Calgary Alberta, Canada or the surrounding area.

CANCELLATION POLICY:
Once your payment has been received and processed, you will receive an e-mail confirmation. If for some reason you cannot attend the symposium you must give at least 7 days notice to receive a full credit for a future symposium, no refunds will be given. If for some unforeseen the symposium is cancelled, you will receive a full refund limited to the registration fees already paid. The IAPAM is not responsible for non-refundable airline tickets, related travel costs, hotel accommodations purchased, or any other out of pocket expense you may incur. Symposium locations, agendas, and speakers are subject to change.

I hereby affirm that the information provided on this application is true, current, and correct. Attendance is limited to active licensed physicians (i.e. MD, DO) in good standing. It is advised that you consult with your practice's attorney prior to implementing any of the medical weight management programs or protocols. No intent to diagnose, treat, cure or prevent disease is implied or intended. We make no claims about specific products and any information contained at our educational events is personal opinion only and should not be construed as medical advice in any way. We reserve the right to refuse registration from any attendee. You hereby release all persons and entities, including the IAPAM, their employees and agents, from any liability they might incur for their acts, omissions, and/or communications arising from this application, to the extent those acts, omissions and/or communications are protected by state, federal and/or international law. I understand and agree to the terms of the IAPAM's Privacy Policy that can be found on the IAPAM's website. I herby authorize the IAPAM to charge my credit card that I have listed above, for the amounts indicated. The IAPAM is not responsible for additional credit card charges your bank may charge.

SIGNATURE:____**DATE:**______________________

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