

Registration Options

ONLINE: www.renfrewconference.com

MAIL: Attn: **Kavita Patel**, The Renfrew Center Foundation, 475 Spring Lane, Philadelphia, PA 19128

FAX: 215-482-2695, please call 1-877-367-3383 to confirm receipt of fax

EMAIL: Send completed form to **Kavita Patel** at kpatel@renfrewcenter.com

REGISTRATION FORM *Please print clearly*

Name: _____ Credentials: _____

Organization: _____

Preferred Mailing Address (Work or Home): _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

E-mail: _____ First Time Attendee Yes ___ No ___

WORKSHOP REGISTRATION *Please indicate 1st and 2nd choice*

Full schedule can be viewed at www.renfrewconference.com

Friday Morning 9:00-12:00		Friday Afternoon 3:30-6:30		Saturday Morning 10:30-12:30		Saturday Afternoon 4:00-6:00		Sunday Morning 8:30-10:30			
1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd		
FR1	<input type="checkbox"/>	<input type="checkbox"/>	FR7	<input type="checkbox"/>	<input type="checkbox"/>	SA1	<input type="checkbox"/>	<input type="checkbox"/>	SU1	<input type="checkbox"/>	<input type="checkbox"/>
FR2	<input type="checkbox"/>	<input type="checkbox"/>	FR8	<input type="checkbox"/>	<input type="checkbox"/>	SA2	<input type="checkbox"/>	<input type="checkbox"/>	SU2	<input type="checkbox"/>	<input type="checkbox"/>
FR3	<input type="checkbox"/>	<input type="checkbox"/>	FR9	<input type="checkbox"/>	<input type="checkbox"/>	SA3	<input type="checkbox"/>	<input type="checkbox"/>	SU3	<input type="checkbox"/>	<input type="checkbox"/>
FR4	<input type="checkbox"/>	<input type="checkbox"/>	FR10	<input type="checkbox"/>	<input type="checkbox"/>	SA4	<input type="checkbox"/>	<input type="checkbox"/>	SU4	<input type="checkbox"/>	<input type="checkbox"/>
FR5	<input type="checkbox"/>	<input type="checkbox"/>	FR11	<input type="checkbox"/>	<input type="checkbox"/>	SA5	<input type="checkbox"/>	<input type="checkbox"/>	SU5	<input type="checkbox"/>	<input type="checkbox"/>
FR6	<input type="checkbox"/>	<input type="checkbox"/>	FR12	<input type="checkbox"/>	<input type="checkbox"/>	SA6	<input type="checkbox"/>	<input type="checkbox"/>	SU6	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL EVENTS *I will attend the following:*

- Thursday Evening
- New Attendee Orientation (8:00 pm – 9:00 pm)
- Friday
- FUNky Fit I
- Evening Gathering

- Saturday
- FUNky Fit II
- Networking Breakfast for Nutrition Therapists
- Men's Networking Breakfast
- Celebrating Diversity Lunch
- Networking Luncheon for Physicians
- Poster Presentations & Reception

- Sunday
- Yoga
- Treating Jewish Women Networking Breakfast
- Lunch & Tour of The Renfrew Center (1:30 pm – 4:00 pm)
(Shuttle provided)

Friday through Sunday\$ _____

Friday\$ _____

Saturday\$ _____

Sunday\$ _____

Total Amount\$ _____

Enclosed is a check or money order in the amount of\$ _____

Below is my credit card information authorizing payment to be charged to my account.
(Only the cards listed below are accepted.)

Credit Card used: AMEX DISCOVER MASTERCARD VISA

Credit Card #: _____

Sec. Code _____ Exp. Date: _____ Amount to be charged: \$ _____

Signature: _____ Date: _____

Please make checks payable to The Renfrew Center Foundation. Full refunds will be made for cancellation requests received by Friday, October 6, 2017. Cancellations after Friday, October 6, 2017 will be subject to a 50 percent administrative fee. There will be no refunds after Friday, November 3, 2017. Credits will be issued for use toward future Renfrew Center Foundation Conferences.