

# Ozone Therapy Inc.

Registration Form for [Ozone Therapy Course](#). Please Print, Complete, and Return by Fax  
== Peppermill Resort Spa Casino, Reno Nevada October 31 – November 4, 2013 ==

Please Book your Hotel Room by Calling the Peppermill Resort As soon As Possible 1-866-821-9996 (International 775-826-2121)  
(This information will appear on your Certificate. Please Print Clearly or [Return Home](#))

First Name:		Last Name:	
Are you a Practitioner? (Y/N):		Designation (MD, DVM, DDS etc.):	
Street Mailing Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	
How Did you Hear of InMed's Courses?:			
I am a member of the American Academy of Ozonotherapy (AAO). Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I would like more information about the AAO. Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Registration Section: Fee Schedule – Choose Which Modules you would like to attend (US Dollars):

**Introductory Courses: (SORRY...BOTH INTRODUCTORY COURSES SOLD OUT; NEXT COURSE Spring 2014)**

**Ozone Therapy Certification Course = SOLD OUT**

Thursday, October 31, 2013 and Friday November 1, 2013 (9:00am – 5:00pm)

**Prolozone Phase I SOLD OUT**

Saturday November 2, 2013 9:00 am – 5:00 pm and Sunday, November 3, 2013 9:00 am – 11:00 am

**Registrations are Closed for Both Introductory Courses as of September 10, 2013. The Next Ozone Therapy Certification Opportunity comes in May 2014. Stay Tuned for Dates and we'll see you there!**

**Prolozone Phase II** (You must have attended Prolozone Phase I May 2013 or Prior to Register; Complete (b) Below)

**Prolozone Phase II Certification Course** (Prerequisite Prolozone Phase I May 2013 or prior) = **\$850.00**

Monday November 4, 2013 9:00 am – 5:00 pm

**Are you registering only for Prolozone Phase I (a), or for the Prolozone Phase II (b)? Then please complete:**

(a) "I previously attended Ozone Certification Course on Month: \_\_\_\_\_ Year: \_\_\_\_\_"

(b) "I previously attended the Prolozone Phase I Course on Month: \_\_\_\_\_ Year: \_\_\_\_\_" (Nov 2012 or prior)

Please note that attendees of the Prolozone Phase I Course in Nov 2013 **cannot** register for the Prolozone Phase II Course Nov 2013. Those seeking the Prolozone Phase II training must perform Prolozone in their practice for a number of months to collect experience and case studies, before returning for the Prolozone Phase II Training. (Special permission to

**How would you like to pay for the course? (Please check one of the following options):**

VISA

MasterCard

Personal Check (Complete this form and make your check payable to Ozone Therapy Inc. Mail your completed form and your check to the address below. Your seat is only confirmed upon receipt of your check. We suggest you mail your check early, or courier it to the address below to ensure there is a seat for you at the course.)

**For MasterCard and VISA Customers:** Please complete the following information:

Cardholder's Name (please print clearly) \_\_\_\_\_ (CVV Code: \_\_\_\_\_)

VISA / MC Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Questions? Call 250-665-7793

Fax Registrations to: 250-665-7883.

**Important Notice!! => \$50 cancellation fee with 30-day notice. 1/2 registration fee refunded with less than 30-day notice.**

Mail Checks to Ozone Therapy Inc.: 1231 Country Club Drive, Carson City, NV 89703 USA  
Please Return this Registration Form by Fax to Ozone Therapy Inc. from Canada/USA: 1-250-665-7883  
or International: 001 250 665 7883