

Spring 2020
Workshop
Registration

Biomedx Microscope & Health Foundations Workshop

Thursday, Friday, Saturday, Sunday

April 30, May 1, 2, 3, 2020

Class Time Schedule

8:00 am - 6:00 pm Thursday-Saturday
7:30 pm - 10:30 pm Friday Night Session
8:00 am - 1:00 pm Sunday

Location: 10 minutes from Chicago O'Hare Airport. Airport and program transportation provided by our selected hotel.

Course fee: \$975 deposit, \$975 at class, or \$1895 in full.
(38 class contact hours over 3 1/2 days.)

Includes extensive online pre-study access to all classroom material, lab fee, ground transportation if your flying in and staying at our local hotel, lunch for each full day. Full hotel information, online access codes and more to follow after your registration is received.

Class size is limited!
Register EARLY- like now!

To register & reserve your space:

Fax this form to 1-206-600-4428.
(or scan/save and email to admin@biomedx.com)

If a class is full when we receive your fax/email we will notify you and put you on the waiting list. **If paying by check**, scan/fax/email this form first to save your space then mail the hard copy with your check to the address below.

Payment method: Check Credit Card Deposit option Pay in Full

Repeat: Check here if you have previously attended a class from 2016 through 2020. Your cost is \$1500 or \$975 deposit, \$575 balance at class.

Credit Card # **Exp:** **3 or 4 dig sec code**

If sending check, return signed form with payment to: Biomedx, 1153 Lee Street, #234, Des Plaines, IL 60016 USA

Make checks payable to: Biomedx

Once payment made, \$975 is non-refundable as access has been gained to online workshop material. Please give at least 24 days advance notice for any cancellations.

Extended Stay Option: Check here if next day option is desired following the workshop. Arrangements will be made separately for that.

Attendee: (PRINT NEATLY all information and your name exactly as you want it to appear on your certificates. Put your title, education or designation below for our reference only, it will not appear on your certificate as we teach the human being and not the title.)

Name Male Female Name your friends call you by:
Designation(s)/Edu/Title
Biz name if applicable Best tel # to reach you:
Address Cell # during workshop:
City State/prov PostCode
Country E-mail

DECLARATION OF CLIENT REQUEST, AUTHORIZATION & AGREEMENT

I, the undersigned, request that the trainers for this workshop provide an educational program to me which includes nutritional concepts for health maintenance as well as the use of educational, clinical and laboratory tools in ways which may be different from those utilized in any given general or public health practice, lab, or clinic. I understand that the trainers are private men & women and are not acting as licensed persons (medical or otherwise), are sharing material which may offer an expanded perspective beyond that which might be given in a traditional academic environment in the health and medical field, and that I may receive private certification through this program. Further, I accept this education for what it is as well as take full responsibility for its further research and application in my life whether for my own use or in sharing it with others. I agree that no liability extends whatsoever to Biomedx, NAHWA (Native American Health & Wellness Association), the trainers, or any other associated entity for providing me this education and related information, and they likewise assume no responsibility nor liability for my use or misuse of the information received. I am acting in private capacity and I assume full responsibility for adherence to any applicable law or regulation which may govern my use of this information in the public sphere. The content of this workshop contains private information (which may encompass trade secrets) and I agree to never copy or disseminate this information, printed or online material, or any other media received that contains such information without express written authorization.

AMENDMENT IX, U.S. CONSTITUTION

"The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People."

I retain the right to freedom of choice regarding my private education. This includes the right to choose who I learn from, where I learn from, and how I learn. Whether the views of the educator are politically correct or not, academically accepted or not, hold no basis in fact or offers merely entertainment value, it is my choice and right to learn.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me, that they may be in violation of my private property rights under contract as well as my civil and constitutionally protected rights (see Title 42, U.S.C. 1983 seq. and Title 18, Section 241).

Signed/digital sig

Date