I-ACT REGIONAL MEETING SOUTHERN CA

MIAIKE IPILANS NOW TO ATTENID!

IF YOU MISSED THE CONVENTION, DON'T MISS THE REGIONAL!



SUNDAY

October 25, 2015 (10:00 AM - 4:00 PM) pre-register for testing

Gentle Wellness Center 910 Broadway Suite 112 (entrance is on 9th Street) Santa Monica, CA 90401 You must be pre-registered and pre-approved to test

- Two Early bird drawings.
- Gifts to all members that bring a nonmember guest.
 - Gifts for the 2 people that traveled the farthest.



Southern CA

Contact Suzanne Childre at 310.576.6360 or France Robert at 310.576.6360

or:

suzannechildre@ieihealth.com francerobert@ieihealth.com

for more Information or to
Volunteer your time.
Call for a list of hotel accommodations.

* Get your I-ACT Certifications.

* If you are testing, please contact Suzanne, so she can verify that you are eligible for testing.



Southern California Regional Registration Form

| Regional Registration Form | | Please Print Clearly | |
|----------------------------|-------------------------------------|--------------------------------|----------------------------------|
| Registrant's Name | e: | | |
| Mailing Address: | | | |
| | | State: Zip: | |
| | 3: | | |
| | S: | | |
| | | Home Phone: | |
| | | Email: | |
| | onal Meeting: Pre-Reg | | |
| | I be presenting for: | | |
| | | 2 Presentation | Instructor Presentation |
| **Please Note: If you are | | ust contact the I-ACT Office a | and your Regional Representative |
| I will be testing for t | he I-ACT Certification: S | SEE BOXES BELOW (\$ | 75.00 fee for each test) |
| • | | • | Level 3 Advanced |
| | form along with all of your fees to | | |
| | | | ney Order Cash |
| If paying by credit c | ard please fill out the foll | owing: | |
| | | | |
| Name on Card | | dit Card Number | Expire Date |
| Signature: | | CVV# | |
| | quired items listed below | w for your I-ACT Certific | |
| | | | |
| Level 1 Foundation: | Level 2 Intermediate | Level 3 Advanced | Instructor |
| Member HS Diploma or | Member HS Diploma or | Member HS Diploma or | Member HS Diploma or |
| Equivalent | Equivalent | Equivalent | Equivalent |
| 15 min Presentation | A&P | A&P | A&P |
| | CPR | CPR | CPR |
| | 30 min Presentation | _ 1 Year @ Level 2 | Advanced Level Cert |
| | 6 Mos. @ Level 1 | | I-ACT Instructor Class |
| Payment | Payment | Payment | Payment |