Registration Form

Main Contact- (Name on bank transfer)

Last Name:……First Name……..……

TEL:……..FAX:……..E-MAIL:……..

Address:……

Post code: ,..……Town:……DR. CHIROPRACTIC……..……

Participants names. Please include the ages of the children.

	LAST NAME	NAME	AGE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PUENTE DE TRANSFORMACIÓN—(Early registration includes lunch Sat. 21st)

Number of Participants (not members of APQE) _____X 290 **€** =……....EUROS

Number of Participants (members of APQE) _____X 270 **€** =…….EUROS

Num. of Part. (members of APQE) 2nd time or more _____X 250 **€** =…….EUROS

Hijos (0-16 años) _____X 80 **€** =…….EUROS

****EARLY BIRD Discount 50€ _____X -50 € = - ……..EUROS****
¡! PER ADULT IF YOU REGISTER BEFORE NOV 1ST

Total Cost to Deposit =…….EUROS

- DEPOSIT – Dr. Jennifer Beck, La Caixa, C/Parellades, Sitges
- Account Number – 2100 3103 92 2100650631

****I M P O R T A N T: Include YOUR NAME and save the deposit slip ****

Once you've made the deposit – send an email to **nsawellenssbcn@gmail.com**

Hotel SUNWAY APARTHOTEL** to make a reservation call 93 894 1839**

For the prices listed please mention **THE PUENTE DE TRANSFORMACION: QUIROPRACTICA**

ALL RESERVATIONS ARE FOR TWO NIGHTS MINIMUM