

To register, please complete this form and mail or fax it with your payment to RYAN Associates, 226 East Canon Perdido, Suite, M, Santa Barbara, CA 93101; fax 805-512-9534. You may also register by calling 800-666-7926 ext. 0 between 8am and 5pm Pacific Time.

CHOOSE YOUR CONFERENCE

**Practical Training in Occupational Health Sales and Marketing, Chicago, December 7-9, 2011**

2 ½ Day Program	<input type="checkbox"/> Member	<b>\$795</b>	<input type="checkbox"/> Non-Member	<b>\$895</b>
Single Day      Which Day_____	<input type="checkbox"/> Member	<b>\$395</b>	<input type="checkbox"/> Non-Member	<b>\$495</b>
Alumni Rate	<input type="checkbox"/> Single Day	<b>\$129</b>	<input type="checkbox"/> Full Course	<b>\$159</b>

**2011 Web-Based Seminar Series Recording on CD**

Entire Series	<input type="checkbox"/> Member	<b>\$99</b>	<input type="checkbox"/> Non-Member	<b>\$129</b>
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**Ten Weeks to Operational Excellence: Occupational Health Coaching and Mentoring Program**

10 Week Program	<input type="checkbox"/> Member	<b>\$595</b>	<input type="checkbox"/> Non-Member	<b>\$695</b>
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**Coaching and Mentoring Program in Occupational Health Sales and Marketing**

10 Week Program	<input type="checkbox"/> Member	<b>\$495</b>	<input type="checkbox"/> Non-Member	<b>\$595</b>
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Name_____	Title_____	
Affiliation_____		
Address_____		
City, State, Zip_____		
Email_____	Phone_____	Fax_____

Additional Registrants (live conferences only)

Name_____	Title_____
Email_____	
Name_____	Title_____
Email_____	

**PAYMENT METHOD**

Payment enclosed     Charge to credit card

Credit Card Type:     MasterCard             VISA             American Express

Credit card number\_\_\_\_\_ Exp.\_\_\_\_\_

Signature\_\_\_\_\_