

Registration Form

Name (First) _____ Last _____

Address: _____

City: _____ State _____ Zip _____

Phone No: _____ Cell Phone: _____ Email: _____

MAIL TO: IHS, P.O. Box 420, E. Barre, VT 05649 or register online at www.internationalherbsymposium.com

Symposium Tuition

\$255 Early Bird Registration until March 30th

(must include full payment for lodging, meals and intensives to qualify for EBR)

\$ _____

\$295 after March 30th

\$ _____

\$125 One day Registration with Meals

___ Fri ___ Sat ___ Sun

\$ _____

\$100 One day Registration without Meals

___ Fri ___ Sat ___ Sun

\$ _____

Teens & Children

\$195 Teen(s) age(s):

Name(s): _____ Age(s) _____ \$ _____

\$95 Children 2-12:

Name(s): _____ Age(s) _____ \$ _____

Lodging and Meal Package

2 nights Basic Lodging & Meal Package

\$155 pp for Double/Triple Occupancy \$ _____

\$175 Single Occupancy \$ _____

2 nights Deluxe Lodging & Meal Package

\$195 pp for Double Occupancy \$ _____

\$235 for Single Occupancy \$ _____

Extra night(s) lodging for Thursday or Sunday nights

Basic Lodging extra night = \$35 pp per night \$ _____

Deluxe Lodging extra night = \$65 pp per night \$ _____

Please indicate which 'extra' night(s) are needed:

___ Thur ___ Sun \$ _____

\$75 Meal Option Only

\$ _____

Symposium Proceedings Book

\$12 each when ordering at time of Registration.

\$12 x _____ of copies: \$ _____

Nurses Path & VBMA Vet Track

Nurses Path: \$120 processing fee for CNE Credits \$ _____

VBMA Vet Track: \$35 \$ _____

PRE-CONFERENCE INTENSIVES

(\$35 each; pre-conference intensives are scheduled at the same time)

- ___ (1) Spiritual Bathing & Healing Ceremonies w/Rocio Alarcon
- ___ (2) Cupping for Herbalists w/Julia Graves
- ___ (3) Developing the Plant/Person Relationship w/Isla Burgess
- ___ (4) Wild Plant and Botan-Eyezing Walk w/Cascade Anderson Geller.
- ___ (5) **VET TRACK:** Vaccinosis: The Disease & Treatment w/Cindy Lankenau

WORKSHOP INTENSIVES

(Check each Intensive you wish to take. \$35 each)

- ___ (1) Talking Leaves; an Indigenous Language of Plants w/David Winston
- ___ (2) The Practices of Southern & Appalachian Medicine w/Phyllis Light
- ___ (3) Hawaiian Spirituality as Way of Life w/Raylene Ha`alelea Kawaiie`a
- ___ (4) A Grower's Invitation for the Cultivation, Harvesting and Drying of Medicinal Herbs w/Reisen's & Carpenter's
- ___ (5) **VET TRACK:** TCVM Treatment Strategies for Tongue Quality Abnormalities in Animals w/Dr. Bruce Ferguson
- ___ (6) Healing Traditions & Plants from the Medicine Basket of Zapotec Grandmother w/Grandmother Enriqueta Contreras
- ___ (7) Pulse & Tongue Diagnosis w/Michael Tierra
- ___ (8) The Secrets of Soapmaking w/Donna Winston
- ___ (9) Herbal Preparations 101 w/Nancy Phillips
- ___ (10) Natural Cosmetics and Herbal Skin Care w/Kate Rakosky
- ___ (11) Cancer Care and Support the Herbal Way w/Kate Gilday

___ Total Intensives Total Number of Intensives x \$35 \$ _____

Total Amount Due \$ _____

We accept payment by PayPal, Credit Cards (Visa & Master Card) and Check.

PayPal: go online to register through PayPal

Credit Card Payment:

please call Sage MT at 802.479-9825 or fill out form below.

___ Master Card or ___ Visa

Card number: _____

Expiration Date: _____

Name on Card if different than above: _____

Billing address if different than above: _____

Signature on card: _____

Payment by Checks:

make payable to IHS and mail to P.O. Box 420, E. Barre, VT 05649

REGISTRATION CONFIRMATION

A Registration Confirmation Package with Directions, Schedule, and Updates will be emailed upon receipt of your Registration. If you prefer to have your Confirmation Package mailed to you, please check here:

___ Yes, please mail my Confirmation Package to the above address.

Additional Lodging Information Needed

Please fill this form out when registering as it will assist us in assigning the room of your choice:

___ Male ___ Female (so we can assign you to the right dorm floor)

___ Couple (we reserve some of the dorm floors for couples)

If requesting a double/triple room, do you have a request for roommate(s)?

Room mate request(s) (1) _____

(2) _____

Please include the name of your roommate(s) when registering as it's very difficult to change rooms later. It makes our job so much easier if you can let us know at the time of registration your roommate request.

First floor necessary due to health reasons: _____