



AUGUST 21ST



AUGUST 22ND

\$2,750 FOR HEALTH CARE PROVIDERS

Staff and Student Discounts available

Name: _____
 Institution/Specialty: _____
 License#: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Names/Credentials of Attending Staff: _____

A Provider's Didactic and Practical Course for Advanced Metabolism and Weight Loss Management.

Individual or Small Group Instruction directed to providers interested in understanding practical application of Metabolism and Weight Loss Protocols to your practice.

VIRTUAL TWO DAY COURSE

August 21st and 22nd

PAYMENT METHOD

Credit Card

Type: _____ Total Amount: \$ _____
 Credit Card#: _____
 3 Digit Verification#: _____
 Expiration Date: _____
 Signature: _____

Check

Check# _____ Total Amount: \$ _____
 (Please attach a copy of Driver's License)

SIGN UP FOR

**Virtual Two Day Course
 August 21st and 22nd**

- | | |
|--|---------|
| <input type="checkbox"/> Health Care Provider | \$2,750 |
| <input type="checkbox"/> Staff | \$1,750 |
| <input type="checkbox"/> Student | \$500 |

ATLANTIS MEDICAL WELLNESS CENTER

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