

# ***Biodynamics of Osteopathy 2010***

***Donald Hankinson, DO***

***University of New England, Biddeford, Maine***

## ***REGISTRATION FORM***

Last Name: \_\_\_\_\_ First Name/MI \_\_\_\_\_ Degree/Title \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

AOA# \_\_\_\_\_ School: \_\_\_\_\_ Location: \_\_\_\_\_ Grad Yr: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

Prior Osteopathic training including Osteopathy in the Cranial Field courses and any Biodynamics Courses you have completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please indicate the session(s) you wish to attend.* For more information see [www.osteopathichealthcare.com](http://www.osteopathichealthcare.com)

\_\_\_ *April 16-19*                      *Phase III*                      Have you taken this Phase before? Yes \_\_\_ No \_\_\_

\_\_\_ *May 21-24*                      *Phase I*                      Have you taken this Phase before? Yes \_\_\_ No \_\_\_

\_\_\_ *Oct 29- Nov 1*                      *Phase IV*                      Have you taken this Phase before? Yes \_\_\_ No \_\_\_

***COST FOR EACH SESSION is \$650.00 (US)*** \$ \_\_\_\_\_ x \_\_\_\_\_ ( # of sessions ) = \$ \_\_\_\_\_

***A \$200 deposit*** for each session is required at time of registration, with balance due 60 days prior to the program. If registering less than 60 days prior to the program, full payment is required with registration. ***Your registration is not assured until we receive full payment.***

### ***CANCELLATION/REFUND POLICY FOR COURSES AT UNE:***

***A. Participants who withdraw 21 days prior to the session:*** There will be a \$250.00 cancellation fee for cancellations made 21 days or less prior to a course.

***B. Participants who withdraw within 7 days of the session:*** There will be no refund.

***PAYMENT METHOD:***                      \_\_\_ Check/Money Order, Payable to: ***Donald V. Hankinson, DO***

\_\_\_ Master Card    \_\_\_ Visa    \_\_\_ Discover

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ VIN# \_\_\_\_\_ (last 3 digits, located on back of card)

Address of Cardholder, if different from above: \_\_\_\_\_

Signature: \_\_\_\_\_

***Mail to: Donald V. Hankinson, DO***  
98 Clearwater Drive  
Falmouth, ME 04105

***Register by fax, phone or regular mail:***  
***FAX: 207-781-2900    PHONE: 207-781-7900***