

The Promotional Services You Need:

***Please register me for the Ottawa Site with:***

Bronze status: (Free) \_\_\_\_\_

Silver status: (\$120/year + GST) \_\_\_\_\_

Silver Status + CanadianNaturopaths.com membership (\$79.50 + GST) \_\_\_\_\_

Gold Status: (\$240/year + GST) \_\_\_\_\_

Gold Status + CanadianNaturopaths.com membership (\$134.50) \_\_\_\_\_

The Billing Process You Requested:

Invoice : \_\_\_\_\_ OR

\_\_\_\_\_  
Credit Card#

\_\_\_\_\_  
Expiry

\_\_\_\_\_  
Name on the card

Personal Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email – for administrative contact – i.e. billing

February 24, 2008

**Ottawa.CanadianNaturopaths.com**  
**Registration Form**  
**Fax Completed Form to 416 249 8696**

**Your Clinic Details:**

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Clinic City

\_\_\_\_\_  
Clinic Website

\_\_\_\_\_  
Clinic Email Address

**Information for Your Personal Biographical Page (ONLY REQUIRED FOR CanadianNaturopaths.com Membership):**

You may submit a freeform biographical summary (3-5 paragraphs) if you wish (Please use the attached page for this purpose) In addition, please complete the following checklists:

*Your Qualifications:*

*Languages spoken:*

(Check all applicable√)

<input checked="" type="checkbox"/>	English
<input type="checkbox"/>	French
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Cantonese
<input type="checkbox"/>	Other (Specify: _____ )

*Professional Degrees:*

School/University	Degree
	Doctor of Naturopathic Medicine
	Other: Specify: _____
	Other: Specify: _____

*Professional Associations: (Check all that are applicable)*

<b>Association</b>	<b>Member (✓)</b>
<b>Canadian Association of Naturopathic Doctors (CAND)</b>	
<b>Ontario Association of Naturopathic Doctors</b>	
<b>British Columbia Naturopathic Association (BCNA)</b>	
<b>Other Specify:</b>	

*Additional Certifications:*

*Please specify.*

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**REQUIRED FOR SILVER & GOLD STATUS MEMBERS**

*Specialties: (Check all that are appropriate)*

<input checked="" type="checkbox"/>	Women's Health	<input checked="" type="checkbox"/>	Men's Health	<input checked="" type="checkbox"/>	Addiction
	Allergies/Asthma		Anti-aging		Arthritis
	Back Pain/Problems		Blood Pressure/Cholesterol		Cancer
	Depression/Anxiety		Diabetes		Diet & Nutrition
	Digestive Problems		HIV/AIDS		Pain Management
	Mental health		Neurological		Pregnancy/Pediatrics
	Sleep Disorders		Stress		Sexual Dysfunction or infertility
	Skin problems		Weight Loss		
	Other (specify)				
	Other (specify)				

*Treatment Options & Preferences: (Check all that are appropriate)*

<input checked="" type="checkbox"/>	Asian Medicine incl acupuncture	<input checked="" type="checkbox"/>	Botanical Medicine
	Bowen Treatment		Chelation
	Clinical Nutrition		Cosmetic Acupuncture
	Counseling/Life Style Management		Detoxification
	Homeopathy		Intravenous (IV) Treatment
	Massage		Myofascial Trigger Point Release
	Sports Medicine		
	Other (specify)		Other(specify)

Free-form Biographical Page Summary: