



2006 SOTO-USA Clinical Symposium  
 October 26-29, 2006

*Dentocranial, Sacro Occipital Technique and Allied Health*  
 Hyatt Regency – Union Station • St. Louis, Missouri

**REGISTRATION INFORMATION**

Please send the following information by:

**fax:** (336) 760-3438

**email:** sotousa@bellsouth.net (call credit card numbers in)

**telephone:** (336) 760-1618

**mail:** SOTO-USA, PO Box 24936, Winston-Salem, NC 27114-4036.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RATES	BEFORE 8/31/06	AFTER 8/31/06	AT THE DOOR
<b>Doctor</b>	\$595	\$650	\$695
<b>SOTO-USA Doctor Member</b>	\$395	\$450	\$495
<b>Student</b>	\$275	\$300	\$325
<b>SOTO-USA Student Member</b>	\$200	\$225	\$250

<b>Doctors</b>	<b>Are You a Current SOTO-USA Member?</b>	<b>Students</b>
<b>\$150</b>		<b>\$90</b>

<b>Symposium Fee</b>	<b>+</b>	<b>Membership Fee</b>	<b>=</b>	<b>Total</b>
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METHOD OF PAYMENT:  Check  Money Order  Mastercard  Visa

Fax Registration with Credit Card Info to: (336) 760-3438

CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

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

Or mail Check or Money Order with registration form to SOTO-USA, PO Box 24936, Winston-Salem, NC 27114-4036.