

APPLICATION FORM





ABOUT YOU:
Title: First Name: Last Name:
Profession:
Degrees:
Address (for shipping purposes, please provide a physical address):
City: Country: Country:
Phone: Email:
☐ I Wish to apply for the Written Examination Date & Venue Selected:
PAYMENT DETAILS:
☐ Visa ☐ Master Card ☐ American Express
Credit Card Number
Name on Card
Expiration Date Security Code (last 3 digits on signature strip)
Signature

CANCELLATION: Medical Conferences International, Inc. will offer a 100% refund within 72 hours from time of purchase. After 72 hours refunds will be less 50%. All requests must be made in writing and post marked or taxed stamped no later than 90 days before the event. Transfers to a new examination date/venue must be done 30 days prior to an examination date. Within the 30 day time period you will lose 100% of all money. You may only transfer an exam 3 times.



ABAAHP The American Board of Anti-Aging Health Practitioners

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Shipping of the review kit	\$113.00	\$113.00
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Total price:	\$3,803.00	\$2,387.00 Savings of \$1,416