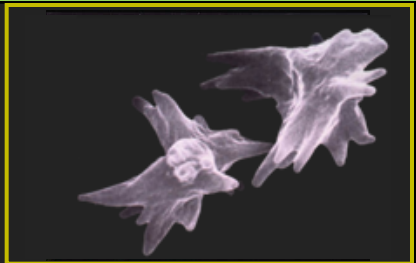


REGISTRATION

**Cayenne Wellness Center's 8th Annual
Sickle Cell Disease Educational Seminar:
the politics and culture of pain**

FRIDAY, SEPTEMBER 9, 2016 AND SATURDAY, SEPTEMBER 10, 2016



YES! Please register me for Cayenne Wellness Center's 8th Annual Sickle Cell Disease Educational Seminar

Attendee(s). Please include titles.

	Qty	Price	Subtotal
Physicians	_____	_____	_____
Price: <input type="checkbox"/> \$75.00 / 1 day <input type="checkbox"/> \$125.00 / 2 days (CME Credits for 9/9/2016 = TBD) (CME Credits for 9/10/2016 = TBD)			
Nurses	_____	_____	_____
Price: <input type="checkbox"/> \$40.00 / 1 day <input type="checkbox"/> \$65.00 / 2 days (CME Credits for 9/9/2016 = TBD) (CME Credits for 9/10/2016 = TBD)			
Nursing Students and Other Healthcare Providers	_____	_____	_____
Price: <input type="checkbox"/> \$25.00 / 1 day <input type="checkbox"/> \$40.00 / 2 days (Includes certificate showing number of hours engaged in seminar)			
Patients diagnosed with SCD	_____	_____	_____
Price - Free			
Other (Parent, Community Member, Etc.)	_____	_____	_____
Price: <input type="checkbox"/> \$10.00 / 1 day <input type="checkbox"/> \$15.00 / 2 days			
Total Registration Fees			_____
<i>(Registration fee includes continental breakfast, lunch and all program materials.)</i>			

Payment Enclosed. Please Make Checks Payable to: **CAYENNE WELLNESS CENTER**

_____ Visa _____ MasterCard _____ AMEX

Credit Card # _____ CCV _____ Exp. _____

Signature _____

Email address: _____

Mail registration form with payment to: Cayenne Wellness Center, PO Box 3856, Glendale, CA 91221

Scan completed registration form to: info@cayennewellness.org

Fax completed registration form to: 818.840.9485

Register online at: www.cayennewellness.org

For more information, call 818.940.0079 and ask for Ruth Sie, Programs Manager

Please use [Adobe Acrobat Reader](#) to fill in this Registration Form. [Click here for the free Adobe Acrobat Reader.](#)