

**REGISTRATION FORM**  
**147<sup>th</sup> Annual Meeting of the**  
**Homeopathic Medical Society of the State of Pennsylvania**  
**In conjunction with the Southern Homeopathic Medical Association**  
**March 17, 2012**

**CASE CONFERENCE**

*Please copy this page if additional persons wish to register.*

Name \_\_\_\_\_ Title \_\_\_\_\_  
(as you wish it to appear on nametag)

Address \_\_\_\_\_  
street \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_

**Conference Fee \$50.00/person (NO REFUNDS)**

*Mail this registration form with your check payable to the HMSSP and mail to:  
Sandra M. Chase, MD, DHT, Treasurer HMSSP/Sec-Treas. SHMA, 10418 Whitehead Street, Fairfax, VA  
22030*

**Conference Sleeping Room Rate (for night of 03/16/12): \$105.00 for up to 4 people in room**  
Please make your own room reservation **directly** with the hotel mentioning the "Homeopathic Society."

**Holiday Inn, Harrisburg East, 4751 Lindle Road, Harrisburg, PA 17111**  
**Telephone** 717.939.7841    [www.hiharrisburg.com/reservations](http://www.hiharrisburg.com/reservations)