



**CORONARY HEALTH IMPROVEMENT PROJECT (CHIP)
EXECUTIVE *FASTTRACK* – FEBRUARY 28-29, (7:30 AM-Noon)
ANDERSON JAPANESE GARDENS CONFERENCE CENTER**

REGISTRATION FORM

(Please Print Legibly)

Name _____
Last First Middle Initial

Preferred Name on Name Tag _____

Address _____ City _____ Zip _____

Phone: Work () _____ Cell () _____

Fax: () _____ E-Mail _____ Soc. Security #(for hosp.lab.) _____

Employer _____ Position _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Primary Physician _____

I heard about CHIP from: (check all that apply)

____ Physician ____ Dentist ____ Newspaper ____ Radio Ad
____ Television ____ Poster ____ Chip Alumni ____ Chamber of Commerce
____ Other _____

***Registration Fee:** \$175. Includes blood analysis (lipid profile and glucose) lifestyle and biometric interpretations and recommendations, books and materials (\$120 list), two breakfasts and two lunches, and tuition.

Method of Payment: ____ Cash ____ Check # _____ (Payable to INRF-Interntl. Nutr. Research Found.)

____ Visa ____ Master Card # _____

Name on Credit Card _____

Signature _____ Expiration Date _____

Return To: Lifestyle Medicine Institute, 605 Fulton Avenue, Rockford, IL 61103 or
fax application to 815-316-6345.

* Deadline for registration is February 14, 2008