



OAND Ontario
Association of
Naturopathic
Doctors
the voice and resource for Naturopathic Doctors

CONTINUING EDUCATION

Botanical Walk

with Anthony Godfrey ND, PhD & John Redden RH

Saturday, July 18, 2009
10:30 am to 2:30 pm
near Coldwater (north of Barrie)

This is a FREE course for OAND members.

Pre-registration is required. Register early, as space is limited!

This outdoor education course will allow you to feel the healing gift of plants while learning traditional European and Native uses of botanicals, energetics, and use of botanicals in practice. The walk will take us through woodland, swamp and lake areas, please come prepared to protect yourself from the sun and mosquitoes. Lunch is potluck.

Supplies to bring: sunscreen, hat, bug repellent, bug jacket/or long sleeve shirt, water/water bottle, potluck item, plate/cutlery, and if possible binoculars/magnifying glass.

Registration: pre-registration with \$25 deposit is required for all participants.

CE Credits Pending:

2.0 Botanical Medicine, 1.0 Pharmacology, 1.0 General

Registration Policy:

Please complete the attached registration form and return it to the OAND office. Your registration will not be complete until your signed form is received, along with your \$25 deposit. Your deposit will not be processed if you attend or give notice of cancellation to the OAND office by July 13, 2009. You will receive a confirmation email from the OAND closer to the date of the event with full details, including directions. If you have not received your confirmation by one week prior to the event, please contact the OAND at 416-233-2001.



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CONTINUING EDUCATION REGISTRATION FORM

Botanical Walk
Saturday, July 18, 2009

Full Name: _____

Address: _____

Telephone: _____

Email: _____

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Carpooling:

If you are interested in carpooling to this event, the OAND will put you in touch with others who have indicated an interest in carpooling. Please indicate below if you need a ride or have space in your car. By checking one of the boxes below, you are granting the OAND permission to share your name and email address with other course participants who have indicated an interest in carpooling:

Need a ride Can offer a ride

Please indicate your method of deposit:

VISA MasterCard Cheque enclosed (payable to "OAND")

Card Number: _____

Expiry Date: _____ Name on Card: _____

By signing below, I acknowledge that I have read and understood the above terms and I confirm that I am currently a member in good standing of the OAND:

Signature

Date

Please return this completed, signed form to the OAND (fax 416-233-2924 or mail to 789 Don Mills Rd, Suite 603, Toronto, ON M3C 1T5). Questions? Please contact Diana Jung, Member Services Administrator at 416-233-2001 ext 29 or memberadmin@oand.org.