NEWSTART® Alumni Week **June 20-25, 2010**

Registration Form *(Fax completed form to 530.637.4722)*

Personal Information *Please Print*

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Birth Date _____ Spouse's Birth Date _____

Medicare # _____ Sex F M

Spouse's Medicare # _____ Sex F M

Private Insurance Co _____

Insurance Policy # _____

Does your insurance company limit where you receive medical care?

Yes No

Is Medicare your primary insurance? Yes No

Do you have an HMO? Yes No

Last NEWSTART® Session attended _____

My physician was _____

My spouse's physician was _____

NEWSTART® Medical Clinic Fees

(Please pay in full at registration)

Name _____		Non-Medicare	Medicare
Lab and Physician Consultation	Y / N	$130.00	$85.00
Physician Consultation	Y / N	$80.00	$80.00
EKG / Treadmill	Y / N	$175.00	$175.00
Carotid Ultrasound	Y / N	$80.00	$80.00
Vitamin D Level	Y / N	$30.00	$30.00
	Total	**$**_____	**$**_____

Name _____		Non-Medicare	Medicare
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Physician Consultation	Y / N	$80.00	$80.00
EKG / Treadmill	Y / N	$175.00	$175.00
Carotid Ultrasound	Y / N	$80.00	$80.00
Vitamin D Level	Y / N	$30.00	$30.00
	Total	**$**_____	**$**_____

Medical Total $ _____

Alumni Overnight Package

Registration, accommodations, and meals*

Lodging Preference *please circle one*		NEWSTART® Lodge / Weimar Inn
Single	$495	$ _____
Couple	$795	$ _____
	Total	**$** _____

**Hydrotherapy and Medical additional charges*

Alumni Local Package

Registration and meals*

Single **$275** *per person* $ _____

Total **$** _____

**Hydrotherapy and Medical additional charges*

Massage / Hydrotherapy

Treatments include massage and hydrotherapy (*maximum 2 treatments per person - as available.) Each appointment is $50.00.*

	Name: _____ # ea.	Name: _____ # ea.	Price
Contrast Shower	_____	_____	$ _____
Steam Bath	_____	_____	$ _____
Fomentation	_____	_____	$ _____
Whirlpool	_____	_____	$ _____
	Treatment(s) Total		**$** _____

Airport Shuttle *$50.00 each way*

One way $_____

Round trip $_____ **Total $** _____

Payment

I am enclosing my check or money order made payable to Weimar Center.

Please charge my: Visa Mastercard Discover AMEX

Card # Exp: _____ / _____ CVC: _____

Signature _____ **Non-medical Total $** _____

Questions: Call (800) 525-9192

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