

NEWSTART® Alumni Week June 19-24, 2011

Registration Form (Fax completed form to 530.422.7922)

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	\$80.00
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*
<i>* Price to be confirmed</i>	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*
<i>* Price to be confirmed</i>	Total	\$ _____	\$ _____
	Medical Total	\$ _____	

Alumni Overnight Package

Registration, accommodations, and meals*

Lodging Preference (please circle one) NEWSTART® Lodge
Weimar Inn

Singl e \$545 \$ _____

Couple \$845 \$ _____

Total \$ _____

** Hydrotherapy and Medical additional charges*

Alumni Local Package

Registration and meals*

Singl e \$325 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 _____	Name _____			
		# ea	#ea	Price
Contrast Shower	_____	_____	_____	\$ _____
Steam Bath	_____	_____	_____	\$ _____
Fomentation	_____	_____	_____	\$ _____
Whirlpool	_____	_____	_____	\$ _____
			Treatments 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
Fax completed form to 530.422.7922