



**HOMEOPATHY FOR EVERYONE:**  
How to Use a Homeopathic Kit at Home



## **Event Information Form**

**DATE:** SATURDAY, NOVEMBER 16, 2019

**TIME:** 9:00 AM – 5:00 PM ET

**LOCATION:** MOUNT LAUREL, NJ



Lauri Grossman, DC, CCH, RSHom(NA), serves on the Board of Directors of the National Center for Homeopathy and chairs the conference and membership committees. She has a private practice in New York City and is a frequent lecturer in hospitals and colleges in the region (Columbia Presbyterian Medical Center, Memorial Sloan Kettering Cancer Center, The Hospital for Special Surgeries, Lenox Hill, and NYU to name just a few). She works with community leaders and offers introductory classes in homeopathy to diverse audiences around the globe. Some of her most rewarding work has been in introducing homeopathy to concerned parents, looking for a safe effective system of healing that will strengthen their children and make them more resilient in their responses to stresses at home, at school in the gym and at play.

### **Topics to be Covered:**

- Origins of Homeopathy
- Evidence based Practice- A Brief Look at Homeopathic Studies
- Bringing Homeopathy into the 21st Century Home
- Today's Family Health Needs- The Best Homeopathic Remedies for: headaches, allergies, colds, flu, and stomach issues
- Effective Natural Treatments for Focus, School and Work issues
- Moving your Family's Health Forward: Relieving Insomnia, Anxiety, and Grief with Homeopathy
- Your Tool Kit for Travel: Homeopathy to Keep You Happy and Healthy at the Beach, In the mountains, and on the Road in Foreign Cities
- Expanding Your Knowledge and Meeting Greater Health Needs: Resources for Help and Support

Attendees will receive a *Homeopathy 101: Using a Homeopathic Kit at Home* study guide, at least 3 of the most popular remedies, a "trial" 3-month membership, continental breakfast and lunch.



# HOMEOPATHY FOR EVERYONE:

How to Use a Homeopathic Kit at Home



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|--|------------------------|--|--|
| <b>FIRST NAME:</b><br><i>(AS YOU WISH FOR IT TO READ ON BADGE)</i>   |                        | <b>LAST NAME:</b>  |  |
| <b>CREDENTIALS ON BADGE</b> (if applicable):   |                        | <b>COMPANY NAME ON BADGE</b> (if applicable):  |  |
| <b>ADDRESS:</b>  |                        |  |  |
| <b>CITY:</b>   | <b>STATE/PROVINCE:</b> | <b>POSTAL CODE:</b>  | <b>COUNTRY:</b>  |
| <b>PHONE:</b>  | <b>EMAIL:</b>          |  |  |
| <b>DIETARY RESTRICTIONS:</b> <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> VEGAN <input type="checkbox"/> GLUTEN-FREE <input type="checkbox"/> DAIRY-FREE   |                        |  | <b>FOOD ALLERGY:</b>   |
| <b>GENDER:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> I PREFER NOT TO ANSWER   |                        |  | <b>WHAT IS YOUR AGE:</b> <input type="checkbox"/> <25 <input type="checkbox"/> 25-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+ |
| <b>EMERGENCY CONTACT NAME:</b>   |                        | <b>EMERGENCY CONTACT PHONE:</b>  |  |
| <b>ARE YOU A NCH MEMBER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |                        | <b>HOW MANY NCH EVENTS HAVE YOU ATTENDED IN THE PAST?</b><br><input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7+  |  |
| <b>HOW WOULD YOU IDENTIFY YOURSELF:</b><br><input type="checkbox"/> CONSUMER <input type="checkbox"/> PRACTITIONER <input type="checkbox"/> BUSINESS <input type="checkbox"/> STUDENT<br><input type="checkbox"/> Other (please specify) _____ |                        | <b>HOW DID YOU HEAR ABOUT THIS EVENT:</b><br><input type="checkbox"/> FACEBOOK <input type="checkbox"/> TWITTER <input type="checkbox"/> EMAIL <input type="checkbox"/> DIRECT MAIL <input type="checkbox"/> PRINT AD<br><input type="checkbox"/> NCH WEBSITE <input type="checkbox"/> FRIEND/COLLEAGUE <input type="checkbox"/> OTHER _____ |  |

### REGISTRANT INFORMATION

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|--|
| <p><b>REGISTRATION PRICE: \$99</b></p> <p>Can we identify you as a conference participant? Your information may be shared with our event sponsors.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
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### PAYMENT INFORMATION

|   |   |                                     |                               |   |                                   |
|---|---|-------------------------------------|-------------------------------|---|-----------------------------------|
| Total Amount Due \$ _____   | <input type="checkbox"/> Check (payable to NCH) # _____ | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| *Credit Card #: _____   |   | *Expiration Date: _____             |                               | *CCV: _____                               |                                   |
| Name on card: _____   |   |                                     | Signature: _____              |   |                                   |
| Billing Address (if different than above): _____  |   |                                     |                               |   |                                   |
| <p>Payments must be made in US funds. Card or Check payments ONLY – Payments must be made in US funds. Card or Check payments ONLY – No Cash Accepted. Cancellations and Refunds: Requests for refunds must be submitted via email to <a href="mailto:jdougherty@homeopathycenter.org">jdougherty@homeopathycenter.org</a> by November 1, 2019 to be eligible for reimbursement. There will be a \$25 processing fee for all refunds. Refunds may not be processed until after the meeting. Refund requests after November 1, 2019 will not be honored. NCH reserves the right to provide refunds in the form of a paper check sent by mail regardless of how the payment was provided.</p> |   |                                     |                               |   |                                   |