



ELEVATE . . . practice, purpose & passion for Biofeedback.

Friday Workshops, October 16th

- WS 1, 2:00 – 5:00** PTSD w/ TBI, Dr. Ron Swatzyna \$ _____
 \$55 ~BST Member \$45 ~Students** \$25
- WS 2, 5:30 – 8:30** Ethics, Dr. Ken Bateman \$ _____
 \$55 ~BST Members \$45 ~Students** \$25

Saturday Conference, October 17th

- All Proceedings (Includes: Luncheon, Dinner & Social) \$ _____
 \$200 ~BST Members \$180 ~Students** \$100
- Guest tickets for Saturday Social \$25 \$ _____

Sunday Workshops, October 18th

- WS 3, 8:00 – 12:00** Psychopharmacology & BF, Dr. Barb Peavey \$ _____
 \$60 ~BST Members \$50 ~Students** \$25
- WS 4, 1:00 – 3:00** 10-20 Placement, Mary O'Connor, RVT \$ _____
 \$40 ~BST Member \$30 ~Students** \$15 (includes materials)

2010 Annual Membership

- \$70 ~Students** \$25 \$ _____

Sub Total \$ _____

Saturday Conference Di\$counts! *(Circle all that apply)*

- Guest* (new BST member _____) -\$20
- Guest* (new/returning guest _____) -\$40
- 1st time Attendee -\$40
- Out-of-State attendee (state _____) -\$50
- Early Bird 1/postmarked by **Sept. 4th** -\$40
- Early Bird 2/postmarked by **Oct. 2nd** -\$20

Less Discounts \$ _____

Total \$ _____

- * Guest Di\$counts apply if: 1.) You refer someone who joins BST, or 2.) If you bring a guest or someone who hasn't attended for the last 2 years.
- ** Students must include copy of ID
- *** Stagecoach Hotel Reservations rate of \$95 deadline is September 15th

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

MAIL CHECK AND REGISTRATION FORM to
 Please make checks payable to BST.
 For further information, contact: sammardie@aol.com

BST - 2009 CONFERENCE
507 Creek Run Circle
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