

2024 33rd ANNUAL IAACN
SCIENTIFIC SYMPOSIUM

*“Optimal Epigenetic Expression and Aging
Harmoniously with Food and Clinical Nutrition”*

September 23, 2024: Registration 10 - 12PM

September 23 - 25, 2024: Main Sessions

Four Points by Sheraton
Dallas Fort Worth Airport North

1580 Point W Blvd, Coppell, TX 75019
Phone: (469) 702-6311

I AM STAYING IN THE HOTEL

I REQUIRE A VEGAN MEAL

Information Below Required:

Name & Credentials:

Email: _____

Phone: Mobile: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TYPE IN FORM & SAVE IT

EMAIL AS ATTACHMENT
debracox.CNCB@proton.me

Fax: 972-250-0233

Mail: IAACN

400 Chisholm PL Ste. 303

Plano, TX 75075

Deadline Dates:	<u>6/30</u>	<u>7/01-8/31</u>	<u>Onsite</u>
IAACN MEMBER:	\$545 <input type="checkbox"/>	\$600 <input type="checkbox"/>	\$675 <input type="checkbox"/>
Spouse	\$320 <input type="checkbox"/>	\$375 <input type="checkbox"/>	\$450 <input type="checkbox"/>
Staff	\$370 <input type="checkbox"/>	\$425 <input type="checkbox"/>	\$500 <input type="checkbox"/>
NON-MEMBERS:	\$875 <input type="checkbox"/>	\$950 <input type="checkbox"/>	\$999 <input type="checkbox"/>

(Spouse & Staff registration must be paid by Attending Registrant)

Spouse Name: _____ Email: _____

Staff Name: _____ Email: _____

Additional Staff Name: _____ Email: _____

Additional Staff Name: _____ Email: _____

**Dr. Russell Jaffe, MD, PhD, CCN
WORKSHOP PRE-EVENT SUNDAY 9/22/24 12:00PM - 5:00PM. (\$149)**

Credit Card# _____

Exp. Date: _____ CVC Code: _____

Credit Card Billing Zip Code: _____

NO REFUNDS AFTER 5/31/2024