

April 2026
Workshop
Registration

Biomedx Microscope & Health Foundations Workshop

Thursday, Friday, Saturday, Sunday
April 23, 24, 25, 26, 2026

Class Time Schedule

8:00 am - 6:00 pm Thursday-Saturday
8:00 am - 1:00 pm Sunday

Location: 10 minutes from Chicago O'Hare Airport. All details provided when your registration is confirmed.

Course fee: \$1000 plus \$50 processing fee

Class is 35 contact hours over 3 1/2 days.

Includes class notebook, lab fee, lunch for each full day.

All attendees must be VIP members at edu.biomedx.com

This site contains all course material for pre-class and post-class study.

If you are not yet a lifetime member (\$997) go there and join.

To register & reserve your space:

Fill in form, save or scan it, & email to

admin@biomedx.com

If a class is full when we receive your form we will

notify you and put you on the waiting list.

Class size is limited - Register early!

You will receive a payment link for making your credit/debit card payment when we send you the Workshop Confirmation.

Do NOT book any flights until you receive the workshop confirmation email that the class is confirmed and you have a seat.

Refunds: Due to limited space and time needed to re-fill a canceled seat, any cancellation request must be received before March 18, 2026 for a refund (\$1000 less \$150 admin fee). If canceled after this date, best effort will be made to fill the seat and if that can be done, 80% (\$800) of your payment will be applied to the next open class if attended in the next 6 months. If the seat could not be filled, there is no refund.

Check here if you still need to become a Biomedx VIP at edu.biomedx.com. You will be sent an enrollment link to get that done.

Attendee: (PRINT NEATLY all information and your name exactly as you want it to appear on your certificates. Put your title, education or designation below for our reference only, it will not appear on your certificate as we teach the human being and not the title.)

Name	Male	Female	Name your friends call you by:
Designation(s)/Edu/Title			
Biz name if applicable	Best tel # to reach you:		
Address	Cell # during workshop:		
City	State/prov	PostCode	
Country	E-mail		

DECLARATION OF CLIENT REQUEST, AUTHORIZATION & AGREEMENT

I, the undersigned, request that the trainers for this workshop provide an educational program to me which includes nutritional concepts for health maintenance as well as the use of educational, clinical and laboratory tools in ways which may be different from those utilized in any given general or public health practice, lab, or clinic. I understand that the trainers are private men & women and are not acting as licensed persons (medical or otherwise), are sharing material which may offer an expanded perspective beyond that which might be given in a traditional academic environment in the health and medical field, and that I may receive private certification through this program. Further, I accept this education for what it is as well as take full responsibility for its further research and application in my life whether for my own use or in sharing it with others. I agree that no liability extends whatsoever to Biomedx, NAHWA (Native American Health & Wellness Association), the trainers, or any other associated entity for providing me this education and related information, and they likewise assume no responsibility nor liability for my use or misuse of the information received. I am acting in private capacity and I assume full responsibility for adherence to any applicable law or regulation which may govern my use of this information in the public sphere. The content of this workshop contains private information (which may encompass trade secrets) and I agree to never copy or disseminate this information, printed or online material, or any other media received that contains such information without express written authorization.

AMENDMENT IX, U.S. CONSTITUTION

"The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the People."

I retain the right to freedom of choice regarding my private education. This includes the right to choose who I learn from, where I learn from, and how I learn. Whether the views of the educator are politically correct or not, academically accepted or not, hold no basis in fact or is merely for entertainment value, it is my choice and right to learn.

CONSTRUCTIVE NOTICE

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me, that they may be in violation of my private property rights under contract as well as my civil and constitutionally protected rights (see Title 42, U.S.C. 1983 seq. and Title 18, Section 241).

Signed/digital sig

Date