

**Workshop
Registration &**



**Pathway
to
Healing**

**Application
Form**

Please fill out the entire form to the best of your ability. A completed and mailed form does not guarantee workshop availability, you will be contacted with registration confirmation within 1 week of receipt of your application. If a session cannot be reserved for you we will work with you to register you for the next available session.

Your First Name(s): _____
Your Last Name(s): _____
Phone: _____
Fax: _____
Email: _____

Your Workshop of Interest: _____
Workshop Start Date: _____
Workshop Fee: \$ _____

Method of Payment:

Check (Enclosed)
 Credit Card:

Card Number: _____
Card Type: VISA MasterCard AmEx Discover
Name on Card: _____
Security Code (from back of card): _____
Expiration Date: _____

Other Notes: _____

