

Workshop Registration
Your Authentic Self
April 24, 2010

Name: _____ **Date:** _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birth Info: Date _____ **Time:** _____ **Place:** _____

Paypal

Check (Mail to: 7610 Auburn Blvd. Suite 7 – Citrus Heights, CA 95610)

Credit Card **CC#** _____ **Exp.** _____

(If you prefer you may fax this form to: 866-910-7576)

(Optional)

What would you like to get out of this workshop?

How did you hear about this workshop?

Email

Flyer **Where?:** _____

Friend **Who?** _____

Newsletter **Which one?** _____

Other _____

Cancellation Policy: Full refund, minus a \$5 processing fee, up to 7 days prior to the workshop
– 50% refund, minus the \$5 processing fee, within 7 days – Sorry - No refund within 2 days