

# REGISTRATION FORM

## *PERSONAL INFORMATION*

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP/COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## *WORKSHOP INFORMATION*

WORKSHOP NAME \_\_\_\_\_

WORKSHOP DATES \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

PAYMENT METHOD:

CHECK     MONEY ORDER     VISA     MASTERCARD

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_





**CONNECTIONS WORKSHOPS™**

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USA