

Registration Form

Mail to: P.O. Box 28183 Spokane, WA 99228-8183

If attending more than one workshop send a form and check for each workshop.

Workshop Requested: _____

Date(s) of workshop(s): _____

Registration Fee: _____

Check or money order **(please circle)**

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: _____ (home)

_____ (cell)

Email: _____

If you need to cancel please do so at least one week before the workshop and 80% of your registration will be refunded back to you...no refunds...if you cancel 5 days prior or you do not attend the workshop.