

**HEALING TRANSFORMATION WORKSHOP**

**REGISTRATION OF INTEREST FORM**

Preferred date:		Location:	
Full name:			
Street address:		City:	
Province/State:		Post code/Zip:	Country:
Phone no.:		Cell phone no.:	
Email address:			
Occupation:			
Please write a few words on what is prompting you to take this workshop?			

**Please note:**

- Workshop fee CAD \$500 per person due on registration once workshop date is confirmed
- Payment of fee can be made online from our website via PayPal
- Participants are responsible for their own lunch

