

REGISTRATION FORM

(Please print clearly)

Name:

Address:

Home Phone:

Cell Phone:

Business Phone:

E-mail:

Name of Workshop or Retreat:

Date of Workshop or Retreat:

Amount of your deposit \$_____ (Canadian funds)

How did you find out about this Workshop/Retreat?

Please make your cheque payable to Susan Bushell and mail to:

Susan Bushell

Paradigm Centre for Wellness

421 Woolwich St.

Guelph, ON

Canada

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