

REGISTRATION FORM

Please print neatly

Workshop/Class/Retreat Name (check one):

BodyTalk Body Talk Access Qi Qong Family Constellation Retreat

Workshop/Class/Retreat date: _____

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code** _____

Home Phone: _____ **Work phone:** _____

E-mail: _____

Payment Information – Please print neatly

Method of Payment: Check Cash Visa/MasterCard American Express

Name (as on card) _____

Billing Address (if different) _____ **Postal Code** _____

Card No. _____ **CVV2*** _____ **Exp. Date** _____

**CVV2 is the 3-digit code in signature area on back of card for VISA/MC/Discover*

**CVV2 is a 4-digit non-embossed code on front of AmEx*

Signature: _____ **Deposit:** _____

Remaining Balance: _____

Make checks payable to: Pathway Medicine Inc.

Please arrange payment method with the Coordinator, Heather Marchand.

***** FOR FAMILY CONSTELLATION WORKSHOPS ONLY:**

Level of participation (check one): Active Participant Participant Guest

If you have any physical limitations of any kind, or medical conditions, or schedule of taking medication – please kindly let us know:

Referred by: _____

Registration and Cancellation Policy

- 1) You can register over the phone at (403) 616-7215, or via e-mail heather_pathwaymedicine@yahoo.ca
You will need your Registration Form filled and signed.
- 2) 50% deposit is required to hold your place.
- 3) Full payment required to be processed for at least 14 days before Workshop start day.
- 4) Cancellations received less than 14 days before the seminar have a non-refundable processing fee of 30%, less than 7 days – 50%.
- 5) In case of any unforeseen circumstance or emergency the full deposit can be applied towards any future seminars.
- 6) All personal information will remain private and confidential for instructor use only.