

REGISTRATION FORM

Class: Presence: A Woman's Empowerment Workshop

Date: March 18, 2018

GENERAL INFORMATION

Name: _____

Address: _____
Street Address, City, State, Zip Code

Cell Phone Number: _____

Email Address: _____

Amount Due: \$55 per person

Payment Method: check enclosed or credit card

Return this form to: Fax 216-765-4471; Email: Felicia@insight-wellness.com

Mail: Insight, 25901 Emery Rd. #112, Cleveland, OH 44128

CREDIT CARD PAYMENTS:

by completing the information below, I authorize payment:

Type of Card: MC/VISA/AMEX/OTHER

Name as it appears on the card: _____

Card Number: _____ Exp Date _____

Billing Zip code: _____ Street Address: _____

Signature of Credit Card Holder: _____

Today's Date: _____

Amount to be charged: _____

How I heard about this class/workshop: _____