

REGISTRATION FORM: HAND REFLEXOLOGY SEMINARS

Hand Reflexology Seminar class date: (circle one) July 15-16 or Nov. 11-12

First and Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home tel: _____ Work or cell: _____

Email: _____

Deposit enclosed: \$ _____. ____

Signature: _____

Please make check payable to Heal Center

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