**Mail-In or TEXT Registration Form**  
  
Location of Seminar: PARKERS PRAIRIE, MN  
  
Dates of Seminar: OCTOBER 20-22, 2017

Check class(es) to register:  
FULL HOB VF RD1 RD2 CH1 CH2 ER  
  
Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cellular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Amt. Paid $\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ Check Number\_\_\_\_\_\_\_\_\_\_  
***PLEASE MAKE CHECKS PAYABLE TO GEORGETTE BLOOM***

Credit Card: Type: Visa\_\_\_\_\_\_\_\_ MC\_\_\_\_\_\_\_\_ Discover\_\_\_\_\_\_\_\_  
  
CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_ CVV#\_\_\_\_\_  
  
Exact Name on CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR send payment via PayPal to bgbloom@paulbunyan.net**  
  
**Are you willing to bring a massage table? Yes No**

**Mail or Text Registration to:**  
Georgette Bloom

963 Benjamin Dr, Burleson, TX 76028

Phone or Text: 218-556-0025

Email: [Gbloom@BloomingHealth.net](mailto:Gbloom@BloomingHealth.net)

[www.BloomingHealth.net](http://www.BloomingHealth.net)