**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

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