

REGISTRATION FORM

THE CIRCLE AND BOX FACILITATOR TRAINING

#112 1861 Welch Street

North Vancouver, BC

Saturday August 26, 2017 9 am – 3 pm

Name: _____ Ms Mr Dr

Company/Organization: _____ Position: _____

Mailing Address: _____ Suite/Apt: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: () _____

Evening Phone: () _____

Email: _____

I confirm that I have read the protocols for facilitating this exercise (see [www. 4 windswellness.ca](http://www.4windswellness.ca)) and meet these protocols YES _____

WORKSHOP FEE: \$160.00

Fee is payable by etransfer or cheque.

Scan and email or print and mail registration, and send with registration fee to fourwinds@telus.net or to:

Four Winds Wellness 849 Fleming Drive Kamloops BC V1S 1B6

Confirmation of registration and receipts will be emailed to participants upon receipt of completed registration form and fee.

Participants are responsible for their meals, travel and accommodations.

For any questions please contact Jann Derrick at 250 374 7709 or at fourwinds@telus.net

