

**REGISTRATION FORM**

**THE CIRCLE AND BOX FACILITATOR TRAINING**

**Workshop Location: House of Learning Room 204**

**Thompson Rivers University, Kamloops BC**

**Saturday March 28, 2020**

**9 30 am – 3 30 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**

[jannderrick4winds@gmail.com](mailto:jannderrick4winds@gmail.com) 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. A light lunch will be served.

Participants are responsible for their meals, travel and accommodations.

If you have any questions please contact Jann Derrick at 250 374 7709 or at [jannderrick4winds@gmail.com](mailto:jannderrick4winds@gmail.com)

