

REGISTRATION FORM

THE CIRCLE AND BOX FACILITATOR TRAINING

Workshop Location: Hal Rogers Activity Centre, McGowan Park

2025 Summit Drive, Kamloops BC

Friday March 27, 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 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

