

Registration Form for Seminar

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone and e-mail: \_\_\_\_\_

Name of Workshop: \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Mail form and \$50 deposit to:

Mary Lemons  
Inner Awakenings  
47704 Miller Town Road  
Albemarle, NC 28001