



# Healing Leaders

*a leadership challenge: the self-healing, collaborative organization*

## Registration Form

PLEASE PRINT TO FILL IN and mail with your deposit, or email [info@healingleaders.net](mailto:info@healingleaders.net) to request the form in Word format so you can complete it on line and email it back to us.

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TRAINING DATES: \_\_\_\_\_

DEPOSIT INCLUDED: \$ \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_

Dietary restrictions, allergies, preferences: \_\_\_\_\_

(Continue on the back of this slip or the next page if necessary.)

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## Your Registration Information

We begin each workshop day promptly at 8:15 AM and finish around 5:00 PM with breaks as needed and for lunch. The price of all lunches and break snacks plus one dinner are included.

The upper portion of this form is your registration form. Please fill it out, remove and return it with your deposit as soon as possible, but at least 30 days before your course begins. The balance is due at the beginning of the training.

The bottom of this form is for your records.

Dates & Title: \_\_\_\_\_ Training Fee \$ \_\_\_\_\_

Check #/card \_\_\_\_\_ Date \_\_\_\_\_ Deposit of 1/3 \_\_\_\_\_

Check #/card \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

Our course is small and customized so if you cancel within two months of the program, half of the deposit will be retained. If you cancel within one month of the class, no refund will be made but you may send someone else in your place.

Send your form and check to **Healing Leaders, PO Box 19762, Portland, OR 97280.**

To contact us, call **Bill Southworth or Penny Welch at 503-452-6886** or email [info@healingleaders.net](mailto:info@healingleaders.net).

We look forward to seeing you soon!

*Bill & Penny*