



**Seminar Registration Form**  
*For All Events except Ascension Light Matrix™ Seminars*

Seminar/Event Information:

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

Location (City/State) \_\_\_\_\_

Event Date: \_\_\_\_\_

Participant Information:

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

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

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

Apt or Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Payment Information:

Check Payments:

*I am mailing a copy of this registration form and a check in the amount of:*

\_\_\_\_\_

Credit Card Payment:

Name as it appears on Card: \_\_\_\_\_

Billing address is the same as above \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

*Visa, Mastercard and Discover Cards are Accepted*

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks out to: Carrie Bodane*

*Mail to: Center For Healing Transformation  
4109 Wake Forest Rd., Suite 303  
Raleigh, NC 27609*

*Fax Credit Card Registrations to: (919) 870-5225 or mail to above address.*