

Center for Healing Transformation
Seminar Registration Form

Seminar/Event Information:

Event Name: _____

Location (City/State) _____

Event Date: _____

Participant Information:

First Name: _____ Last Name: _____

Street Address: _____ Apt or Suite: _____

City: _____ State: _____ Zipcode: _____

Email address: _____

Day Phone: _____ Evening Phone: _____

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 _____ OR, fill out below:

Billing Street Address: _____

Apt or Suite: _____

City: _____ State: _____ Zipcode: _____

Visa, Mastercard and Discover Cards are Accepted

Card Number: _____ - _____ - _____ Exp. Date: _____ Security Code: _____

Authorized Amount: \$ _____

Signature: _____

(Your CC transaction will appear on your statement as "Center For Energy Medicine")

Please make checks payable to: Carrie Bodane

Mail to: Center For Healing Transformation
4109 Wake Forest Rd., Suite 303
Raleigh, NC 27609
(919) 874-0060

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