



HOST INQUIRY FORM

Hospital Name _____

Hospital Street Address _____

City _____ State _____ Zip _____

Contact Name _____

Occupation _____

Phone _____ Cell _____ Fax _____

Email _____

YES, our hospital is interested in hosting a *Networking & Educational Seminar for Lymphedema Therapists*. We have read the information posted on the website. Please contact the person listed above to discuss further details.

FAX TO:

Lymphedema Seminars at 805.772.4717

OR MAIL TO:

Lymphedema Seminars

P.O. Box 838

Morro Bay, CA 93443-0838

CONTACT: Phone: 805.772.3560

Email: shsh@lymphseminars.com

Website: www.lymphseminars.com