



## Networking & Educational Workshop for Lymphedema Therapists September 26, 2020

### REGISTRATION FORM

Name \_\_\_\_\_  
Occupation/Credentials \_\_\_\_\_  
Hospital/Business Affiliation \_\_\_\_\_  
BUSINESS Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HOME Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

*(NOTE: By giving us your email, you are subscribing to receive notifications from us.)*

**WORKSHOP FEE: \$195** (8 Contact Hours)

\$ \_\_\_\_\_ Total Enclosed/Charged to my Credit Card  
\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ Am Ex **OR** Check Enclosed (Check # \_\_\_\_\_)

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ Security Code# \_\_\_\_\_

Signature \_\_\_\_\_

*Upon receiving your completed registration form and payment, Lymphedema Seminars will email you a confirmation and further workshop information.*

**FAX TO:** Lymphedema Seminars:  
805.772.4717

**OR MAIL TO:**

Lymphedema Seminars  
P.O. Box 838  
Morro Bay, CA 93443-0838

**CONTACT:** Phone: 805.772.3560

**Email:** info@lymphseminars.com

**Website:** [www.lymphseminars.com](http://www.lymphseminars.com)