



Networking & Educational Workshop for Lymphedema Therapists December 5, 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 (7 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

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