



Networking & Educational Workshop for Lymphedema Therapists

May 6, 2023

THEME: Lifestyle & Lymphedema

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 for THERAPISTS: \$195 (7 Contact Hours)

WORKSHOP FEE for PATIENTS: \$99

\$ _____ Total Enclosed/Charged to my Credit Card

___ VISA ___ MasterCard ___ Am Ex **OR** Check Enclosed (Check # _____)

Credit Card # _____ - _____ - _____ - _____ Exp Date ____/____ Security Code# _____

Signature _____

Please list any SPECIAL NEEDS REQUESTS

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