



Networking & Educational Workshop for Lymphedema Therapists May 7, 2022

Practical Clinical Applications & Evaluation Tools for Lymphedema: PART #1

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

WEBSITE: www.lymphseminars.com