# Networking & Educational Workshop for Lymphedema Therapists
## December 4, 2021

# 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)*

*OR:* **$155** *if already paid for* **PART #1** *(11/6/21)*

$__________________ 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**