



Networking & Educational Workshop for Lymphedema Therapists December 2, 2023

THEME: Central Lymphatic Dysfunction

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