



Networking & Educational Workshop
for Lymphedema Therapists
Saturday, December 6, 2025

MLD, CDT, Compression & Exercise Updates

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