**Registration For**

***Introduction to Energy Medicine***

**Class Date** □ **class 1** DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name\***:

**Address**:

**Phone(s):**

**Email**:

**Profession**:

**How Did You Hear of the Workshop?**

\*Contact information only shared with Eden Energy Medicine’s parent company, Innersource.

**Cost per Class: $125**

**Class Time is 9am-4:30 pm**

**Payment Method**

**Credit Card (Visa, MasterCard and Discover)**

**Card Number#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date:\_\_\_\_\_\_\_\_\_\_**

**Street Address # & Zip associated with the card**

Street #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 digit Security Code on back of card:** \_\_\_\_\_\_\_\_

I authorize Christi Rollert EEM-AP to charge my card $125.00 for the class.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Check Enclosed, payable to Energy is the Medicine: **Check #: \_\_\_\_\_\_\_**

Please print this form and fax (if faxing, please call me, do not fax your security code) or mail with your credit card information or check payable to:

***Energy is the Medicine***

***309 NW 1071st Rd***

***Centerview, MO 64019***

***Fax number 866-570-9749***

**For questions, call Christi 816-686-5739 or email at** [**energyisthemedicine@gmail.com**](mailto:energyisthemedicine@gmail.com)

**www.energyisthemedicine.com**