

Healing Choices Seminar Registration

Name _____ Date _____
Address _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email _____

License/Registration # _____ State _____
License Type RMT PT OTR PTA COTA RN LVN
 NCTMB Other _____

Class	Location	Tuition
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Early Registration Discount	_____
		-
	Total	_____

Make check or Money Order (no cash accepted) payable to **Scot O'Shea**.

Send this form along with payment to:

Healing Choices
323 East Magnolia
San Antonio, Texas 78212

<http://healingchoices.netfirms.com>