

ATTRACT YOUR SOULMATE

Uncover the Secrets for
Lasting Love Relationship

Registration Form (please keep a copy for your records)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (Cell) _____

email (Print clearly) _____

WORKSHOP DATES: _____

REFERRED BY: _____

TUITION *: \$495.00

Bring a Friend: \$250.00

TOTAL AMOUNT ENCLOSED: _____ CHECK: _____

If this is a partial payment, when will balance be paid? _____

* If paying less than full tuition, please explain why discount was taken:

SIGNATURE _____ TODAY'S DATE: _____

Mail to: Kathleen Sims 5185 American Beauty Ct. Concord CA 94521
Call for further Information: (925) 674-9003