



## Empowerment Plus® Registration Form

### Training Dates and Location Information

Thank you for your interest in Empowerment Plus®. Below, please indicate your choice of training level and/or workshop, the location of the training service, the date(s) and the time of the training session(s) that is of interest to you.

Name of Training Level/Workshop	Location
Date(s)	Time

### Instructions for Faxed or Mailed Registrations

Fax completed form (below) with credit card info to 1-403-547-4288 or if by mail, complete and return the form below with \$50 non-refundable deposit to Dr. Teeya Scholten, c/o Empowerment Plus® International Inc., P.O. Box 923, 105-150 Crowfoot Cres. NW, Calgary, AB. T3G 3T2. Balance of fees due three weeks prior to workshop by cheque, VISA or MasterCard.

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### Personal Registration Information

Name: \_\_\_\_\_ Deposit of \$50 enclosed: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone (W): \_\_\_\_\_ (H): \_\_\_\_\_ Fax: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**If paying by credit card, write VISA or Master Card # and Expiry date in space below**

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_