

Name of Event: \_\_\_\_\_

Please provide information for all parties attending in order for them to be registered.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Amount enclosed: \_\_\_\_\_

Please mail this form, along with a check or money order (if any payment is due) to:

Attn: Carrie Nelson  
Holistic Management International  
5941 Jefferson NE, Ste B  
Albuquerque, NM 87109  
(505)-842-5252

