

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

