

# Heart of the Provider 2019 Registration Form

Please print clearly



Participant Information: ( ) make Receipt to

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

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

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

Program Information (if applicable): ( ) Make Receipt to

Program: \_\_\_\_\_

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

Contact person: \_\_\_\_\_

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

Keynote Session Only

\$35

Teacher Tom's First Book

\$30.00 each

Quantity Ordered \_\_\_\_\_

Limited quantities available

Payment Method: (circle one)

E-transfer

Credit Card/Online

## Registration Policy

- Registration is on a first come basis
- Registration is non-refundable. Registration may be transferred to another person on the condition there are no changes to sessions.
- Fees must be paid to complete registration. Form only is not enough to hold your place.

## By Email to

Scan & email your registration form to:

HeartOfTheProvider@gmail.com

\*Please include a message with your payment indicating who your payment is for.

## Methods of Payment

By EMT to HeartofTheProvider@gmail.com

No answer needed.

**Credit Card:** Submit your registration form- we will send you an invoice by email

If your registration is part of a group- invoice will be sent once all forms are received. Please message us for further details.