Therapeutic Touch ™
Level 1 Attendance Certificate

Crystal Hawk

Thursday, Dec 10 & 17, 6:30 – 10:30pm

Living Institute, 208 Carlton St, Toronto, M5A 2L1, 416 515 0404

REGISTRATION FORM

Please Print Clearly

Name: _____
First Name Last Name

Address:_____
Street Address & Unit Number

_____
Town/City Province/State Postal Code

Phone number: h. ( ) _____ - _____ w. ( ) _____ -_____

E-mail address_____

Date: (d)_____(m)_____(y)_____

Fee: $165 ☐ Cheque enclosed ☐ Money order enclosed **(Please check one)**
Made payable to: **Living Institute.** There is no credit card option available.

How or where did you find out about this workshop? _____

Registrations should be submitted to address above

www.livinginstitute.org