



email: info@espiritbridge.org web: www.eSpiritBridge.org

REGISTRATION FOR A MYTHIC WORKSHOP
Life Journeys and Understanding Your Story

YES! Please reserve my space for this event!

Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

e-mail * _____

How did you hear about us? _____

*Required - your registration confirmation will be e-mailed to you.

Table with 4 columns: Workshop Name, Price by March 17, Price after March 17 & on-site, and Currency. Row 1: Understanding Your Life as Story Workshop, \$39, \$49, \$. Row 2: TOTAL, =, \$.

I plan to attend the [] 9:00 a.m. workshop [] 3:00 p.m. workshop

Registration must be accompanied by payment. I authorize payment for this event as follows:

_____ Visa _____ MasterCard _____ Discover _____ American Express

Card #: _____ Exp. Date: _____

Signature: _____ Name on Card: _____

To Register: Fax this form securely to: 505-471-2584 or call: 505-795-7029

Cancellation Policy: Cancellations before March 15 must be in writing and are subject to a \$15 non-refundable service fee. No cancellations are accepted after March 15, 2010. Registrations are accepted on-site.

Event information: www.eSpiritBridge.org

Movie information: www.mythmovie.net