



Healing Crucible™ Workshop Registration Form		
Today's Date:		
Workshop Information:		
Workshop Name:	Workshop Dates:	Tuition Fee: \$
How did you hear about the workshop?		
Can you bring a massage table to the workshop? Y / N <i>(If Yes, the Workshop Coordinator or Instructor will notify you if you need to bring your table.)</i>		
Student Information:		
Practitioner's Name:		
Address:		
City:	State:	Zip:
Phone #: <i>Cell - Home - Work (circle one)</i>	Alt. Phone #: <i>Cell - Home - Work (circle one)</i>	Email Address:
Payment:		
<i>Office Use ONLY:</i> Payment Amount: \$ _____	<input type="checkbox"/> Check <i>Make Payable to Healing Crucible</i>	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card: ___ Visa ___ MasterCard ___ Discover <i>Note: Student info above must match credit card billing info</i>	<i>Office Use ONLY:</i> Authorization #: _____ Date: _____	
Card Number: _____	V Code: <i>(3 digit # on back of card)</i> _____	Exp. Date (MMYY): _____
Practitioner's Experience:		
Professional Degree (e.g., R.N.):		
Healing Classes, Designations or Certifications (e.g., HT L3, H.T.C.P, Reiki Master, etc...):		
Do you plan on using this workshop for Continuing Education* Y / N		
If yes, for what organization(s) e.g., HTPA, AHNA, MN Board of Nursing, HTP, etc...		

Remit Options:

If paying via Check or Credit Card:

Mail Form and Payment To:

Healing Crucible, LLC
410 Kirkwood Lane N.
Plymouth, MN 55441

If paying via Credit Card:

Scan and Email Form To:

Registration@HealingCrucible.com

Or

Call-in Credit Card and Registration Information To:

Healing Crucible Office at 612-805-5478

Advanced Registration Required. Space is Limited!

For questions or more information: Call 612-805-5478 or Email ContactUs@HealingCrucible.com

*It is the responsibility of each participant to determine whether this program meets the requirements for acceptable continuing education.