

Workshop details available at [www.susanmcbride.ca](http://www.susanmcbride.ca)

Date: \_\_\_\_\_

Location: \_\_\_\_\_

**Please provide the following contact information:**

Your Full Name: \_\_\_\_\_

Mailing Address:

Line 1: \_\_\_\_\_

Line 2 : \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone: \_\_\_\_\_

Best Time to Call:  Morning  Afternoon  Evening

E mail: \_\_\_\_\_

**Comments:**

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**Please submit with payment of \$150.00**

**Email: [suzmcb@gmail.com](mailto:suzmcb@gmail.com) Or Mail to: 326 Locke St S Hamilton, Ontario L8P 4C6**

**Credit Card Information:**

Visa or MasterCard number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

CVV: \_\_\_\_\_