

**Imago Couple Workshop Registration**

The current upcoming workshop schedule is available at [www.susanmcbride.ca](http://www.susanmcbride.ca)

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

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

**Please provide the following contact information:**

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

Partner's 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 a \$125 deposit.**

**Fax: 905 525-3164 Or Mail to: 326 Locke St S Hamilton, Ontario L8P 4C6**

**Credit Card Information:**

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

Expiry Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

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