

Imago Couple Workshop Registration

The current upcoming workshop schedule is available at 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:

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: _____