

WOMENS'S WELLNESS WORKSHOP REGISTRATION FORM

9:00 AM Saturday November 5th, 2011

(Please fill out the highlighted fields below and click on submit form on the top right of your screen)

Name: _____

Phone: _____

Email: _____

Address (only if you do not have email):

Breakout Sessions to choose from:

1. Financial Health
2. Fad Diets

Lunch will be provided for you, is there anything special about your diet that we should know about?

No

Yes

If yes please specify:

How will you be providing \$10 payment?

Cash

Cheque

Please make cheques payable to:

CF Parkland

Box 516, Grandview, Mb R0L 0Y0

Fax: 546-5107

Thank you so much and we look forward to meeting you!