



INTERNATIONAL INSTITUTE OF REFLEXOLOGY

Presents

A Special Intensive Six Day Workshop

6 Day Workshop Registration Form

Please register with:

Pat Lawson

PO Box 250

Monrovia, MD 21770-0250

(301) 788 6005 or patlawson@reflexology-usa.net

Please fill out all questions to process registration (please print).

Full legal name: _____ / _____ / _____
Last First Middle Initial

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Cell phone: (____) _____

Email: _____

Are you involved in any other health field (if so what?): _____

Will you be needing CEU's? _ For & License #: _____

In case of emergency notify: _____ Relationship: _____

Phone number: (____) _____ Cell Phone: (____) _____

Applicant's Signature: _____ Date of Application: _____

Sometimes we get students who are interested in sharing sleeping accommodations. If you would like to share expenses with another student please let us know and we will pass your contact information to those who wish to share expense. Please put my name on the list _____. Please note IIR is not responsible for this arrangement.

I wish to register for the Special Six Day Intensive Reflexology Workshop on **June 22 - 28, 2023**

Location:

June 22 - 28, 2023 Thursday-Saturday & Monday-Wednesday

FREDERICK, MD 21701

Best Western

420 Prospect Boulevard

I am registering on or before May 23, 2023 \$ 825.00

I am registering after May 23, 2023 \$ 925.00

Check Money Order Credit Card:

I hereby authorize the International Institute of Reflexology/Pat Lawson to deduct payment for this workshop from my credit card that I have provided. I declare the information is true and correct and that I agree to pay the total amount according to the card issue agreement.

Credit Card Number: _____

Expiration Date: _____ 3 digit security number (located on back of card): _____

Signature: _____