

SANTA ROSA SHAMANIC EXTRACTION HEALING TRAINING

-----REGISTRATION FORM-----

NAME:

PHONE NUMBER:

MAILING ADDRESS: (include city, state and zip code)

EMAIL ADDRESS:

WHERE DID YOU HEAR ABOUT THIS COURSE?

APPROXIMATELY, WHEN AND WITH WHOM DID YOU TAKE THE FSS WAY OF THE SHAMAN COURSE? (Prerequisite for any advanced FSS Course)

-----LIABILITY RELEASE FORM-----

Date _____

I will not hold Beth Beurkens, Beth Beurkens Seminars, the Foundation for Shamanic Studies, David Mojdehi, or the Courtyard by Marriott, Santa Rosa legally responsible for any injury, illness, accident or other misfortune that may occur in connection with my participation in the Shamanic Extraction Healing Training workshop at the Courtyard by Marriott, Santa Rosa, in Santa Rosa California on December 2 & 3, 2017.

Signature _____

Printed Name _____

Check Payment - Secure your registration by putting your deposit or full tuition check (made out to Beth Beurkens) in an envelope addressed to: **Beth Beurkens, P.O. Box 483, Ashland, OR 97520**. Please include a registration form and liability waiver for each individual.