

SEATTLE 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, Catherine Valentine, The Foundation for Shamanic Studies, or Courtyard Seattle Downtown/Lake Union 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 Courtyard Seattle Downtown/Lake Union on August 12 & 13, 2017 in Seattle, Washington.

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.