

The Visionmaker: The Vision of the Heart

REGISTRATION FORM

April 24/25, 2010 – Toronto

**PLEASE EMAIL — lynne@extraordinaryconversations.com
Or FAX: 416 361 3284**

Name: _____

Title: _____

Organization (if applicable): _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip: _____

Tel: _____ Fax: _____

Email: _____

Program Registration Fee — \$399.

Payment by:

- PayPal
- Cheque – mail to 20 Dacre Crescent, Toronto, ON M6S 2W1 CANADA

OR:

INVOICE me at the above address, to the attention of: _____

TAXES ARE NOT INCLUDED IN THE ABOVE PRICE.

AN INVOICE WILL BE FORWARDED AS CONFIRMATION OF PLACEMENT.

Cancellation policy: This program is non-cancellable. However, another person may be substituted in your place at no extra cost should you be unable to attend OR a credit will be issued for a future program.

I have read the Cancellation Policy and accept the terms:

Signature:

Date:

For more information: Lynne O'Neill / 416-361-3331 / Email: lynne@extraordinaryconversations.com