



REGISTRATION FORM

Unity in the Workplace Workshops®

Location: _____ Date: _____

Early Bird \$495.00 Regular Rate \$595.00 Group Rate \$425.00

**Above covers only registration to Unity in the Workplace*

Phone 1-204-307-6153 info@soaringeagleseminars.com Fax 1-204-800-0996
Mail to: suite 3 - 465 Hemingway Road Edmonton, Alberta T6M 0J7

PARTICIPANT INFO:

PLEASE PRINT ALL REQUIRED INFORMATION IN BLOCK LETTERS

First Name: _____ Last Name: _____
Organization: _____ Job Title: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Phone (work): _____ Cell: _____
Email: _____

PAYMENT INFO:

Credit Card   Total Amount : \$ _____

Cash Cheque *(Payable to Soaring Eagles Seminars)*
Cheque # _____ Total amount: \$ _____

Card #: _____ Exp (mm/yy): ____/____ 3 digit code: _____

Name on Credit Card: _____

Signature: _____ Date: _____

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