

Health Realization Training Center of Pillsbury United Communities Spring/Summer 2011 Class Registration Form

Name:

Email:

Street Address:

City:

State:

Zip Code:

Ph #:

Courses:

Health Realization: Lev 1 Lev 2 Workshops: #1 #2 #3 #4

Payment:

Visa MasterCard American Express Discover Check

CC#:

Name on Card:

Expiration:

3-Digit Security Code:

Total # of Registrants:

Mail registration to: The Health Realization Training Center, Pillsbury United Communities 3501 Chicago Ave. So. Mpls, Mn. 55407 or email: claypatchc@puc-mn.org. Make Checks payable to PUC. Please register early to prevent class cancellation. Classes that don't fill will be cancelled one week before the date of the class. To inquire about payment arrangements or partial scholarships contact Cindi M-F 10am-6:00pm at 612-823-1070/ 612-823-5973. Register for three or more workshops and receive a 5.00 discount per workshop.