



REGISTRATION FORM FOR “CREATING CONNECTION”

Names _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Workshop you plan to attend: (please check)

Date: _____

Location: _____

Register early - space is limited!

Early registration: \$200 per couple

Make check payable to

Compassionate Therapy Institute Inc.

Return completed form and payment to:

Compassionate Therapy Institute Inc.,

9972 W. 86th St., Arvada, CO 80005

Phone: 303-986-8660 Fax: 303-499-0118