

How to Deal With Stress in 2014

Workshop Registration Form

Full Name: _____

E-mail: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Dates You Will be Attending (*You must attend all 3 workshops in order to get the refund*):

Feb. 18: _____

Feb. 25: _____

Mar. 4: _____

Payment will be accepted on the night of the first workshop. Make checks and money orders out to *The Center for Closing the Health Gap*.

Mail completed registration form to:

Center for Closing the Health Gap
Attn: Patricia Williams
3120 Burnet Ave, Suite 201
Cincinnati, OH 45229

