Unity in the Workplace©

Self-Care and Power Reinstatement

Registration Form

First Name _____ Last Name _____

Organization (if Applicable) _____ Position/Title _____

Street Address _____ City _____ Prov. _____ Postal Code _____

Phone (work) _____ Cell # _____ Email: _____

☐ I give Soaring Eagles Seminars permission to e-mail me periodic information on upcoming workshops, events, presentations, newsletters and other promotional messages.

Multiple Registrations:

Name	Email	Position

✓	Workshop(s)	Location	Dates	Rates
	Unity in the Workplace Returning Participants Early Bird - 1 month prior			$ 1,200.00
	Unity in the Workplace Regular registration			$ 1,600.00
	Unity in the Workplace Group Rate - 3 or more people			$ 1,400.00 / Per-Person
			Total	$

☐ Cheque Enclosed

Cheques Payable to: **Soaring Eagles Seminars** **104 West Haven Drive, Unit 108 Leduc, Alberta T9E 0N9**

Please email your registration early.

Invoice to: _____

☐ E-Transfer– info@soaringeaglesseminars.com

If you have any questions please do not hesitate to contact us

Phone: 1-204-307-6153 **Email:** info@soaringeaglesseminars.com