

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			\$ 1600.00
	Unity in the Workplace Group Rate - 3 or more people			\$ 1,400.00
			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
Fax: 1-204-800-0316 Phone: 1-204-307-6153 Email: info@soaringeagleseminars.com