



## Catalyst Healthy Solutions, LLC *Registration Form*

Thank you for registering for a workshop or retreat through Catalyst Healthy Solutions, LLC. To register for a workshop or retreat (see certificate section for certificate specific registration forms), please fill in ALL of the information in ALL of the sections below. Mail the entire Registration Form, Payment, and your Participant Agreement to:

Cheryl Schwartz, Catalyst Healthy Solutions, LLC, PO Box 202224, Denver, CO 80220

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| <b>Offering for which you are registering:</b>                                |   |                                   |  |
| <b>Offering Date &amp; Tuition Fee:</b>                                       |   |                                   |  |
| <b>Name:</b>  |   | <b>Cell Phone:</b>                |  |
| <b>Address:</b>   |   | <b>Email:</b>                     |  |
| <b>City, State, Zip:</b>  |   | <b>Emergency Contact Name:</b>    |  |
| <b>Home Phone:</b>  |   | <b>Emergency Contact Phone #:</b> |  |
| <b>Work Phone:</b>  |   | <b>Today's Date:</b>              |  |
| <b>How did you hear about Catalyst Healthy Solutions &amp; this offering?</b> |   |                                   |  |
| <b>Payment and Refund Information:</b>  | Full payment and Participant Agreement must accompany Registration Form and is due no later than two weeks prior to offering start date (or by posted deadline). Registration after that date, as space permits. Registration is first come/first served. There will be <b>no refunds</b> granted the last two weeks prior to or after the offering start date. |                                   |  |

### Workshop or Retreat Payment Information:

|   |   |
|---|---|
| <b>Your Name:</b>                             |   |
| <b>Offering Name &amp; Date:</b>              |   |
| <b>Tuition Amount Due/Enclosed (in full):</b> | \$  |
| <b>Payment Method:</b>                        | <p><b>Check or Money Order</b> payable to "<u>Catalyst Healthy Solutions, LLC</u>" / attach full payment to this form and mail to address listed above</p> <p><b>Credit Card payments accepted onsite for some offerings or online at:</b><br/> <a href="http://www.catalysthealthysolutions.com/contact-schedule-payment">http://www.catalysthealthysolutions.com/contact-schedule-payment</a></p> |

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|----------------------------|---|
| <b>FOR OFFICE USE ONLY</b> | <i>Date, Forms &amp; Amt. Received:</i> |
|                            | <i>Received By:</i>                     |