

**Please send this registration form by fax, e-mail, or regular mail even if you are paying for the workshop online.**

**Date Registered For**

May 15-17, '09 ( )   
Aug 7-9, '09 ( )   
nov 6-8, '09 ( )

**Participant Information**

Partner Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Street State Zip  
Phone(s) \_\_\_\_\_  
Home Work Mobile Other  
E-mail \_\_\_\_\_

Partner Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Street State Zip  
Phone(s) \_\_\_\_\_  
Home Work Mobile Other  
E-mail \_\_\_\_\_

We are referred through:

Friend or acquaintance ( )   
National (IRI) Website ( )   
Dhont Website ( )   
Therapist ( )  \_\_\_\_\_  
\_\_\_\_\_  
Name, Address, Phone, Email  
Other ( )  \_\_\_\_\_