

Registration Form for Center for Creativity & Healing Workshops  
4728-C Park Road, Charlotte, NC, 28209  
704.523.5567  
(f) 704.529.2668  
[tcch@earthlink.net](mailto:tcch@earthlink.net)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email: \_\_\_\_\_

<u>Name of Workshop(s)</u>	<u>Date</u>	<u>Cost</u>
_____		
_____		
_____		
_____		

Total (minus applicable discounts): \_\_\_\_\_

Method of Payment: Check (payable to CCH)

VISA or MasterCard: Number \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name on card if different from above: \_\_\_\_\_

How did you learn about workshop? \_\_\_\_\_

\* Cancellation policy: Full refund minus 5.00 processing fee if cancelled in writing at least one week from the date of the workshop. No refunds will be given after that time.