# Voices For Health EDUCATION REGISTRATION FORM

*PLEASE PRINT*

First Name: _____ Last Name: _____

Occupation: _____

Organization: _____

Address: _____
*Street* *City* *State* *Zip*

Email: _____

Phone number to reach you for class confirmation: _____

Session Title: _____

Session date: _____ Session location: _____

Payment Method (*must be received by registration deadline in order to reserve seat):

- ☐ Check made payable to "Voices For Health, Inc." and mailed to:

  Voices For Health, Inc.
  2851 Michigan Street NE, Suite 104
  Grand Rapids, MI 49506

- ☐ Credit card Circle one: VISA MASTERCARD

  Amount authorized: _____ Exp. Date: _____

  Name on card: _____

  Billing address: _____

  _____

  Card number: _____

  Authorized signature: _____

*FAX TO*: 616-233-6522 -OR- *MAIL TO:*
Voices For Health, Inc.
2851 Michigan Street NE, Suite 104
Grand Rapids, MI 49506

- *Students must show proof of current academic registration in order to receive discounted rate.*
- *Seating is limited. Registration is on a first-come, first-serve basis.*
- *VFH reserves the right to cancel any program at any time due to insufficient enrollment or unforeseen circumstances; payments will not be processed until the registration deadline.*
- *Prior to registration deadline, participant may withdraw registration and payment will not be processed. Refunds are not available after the registration deadline, but payment may be applied toward future course session.*
- *A $25.00 fee will be charged for any returned check due to insufficient funds.*
- *Questions: michelle@voicesforhealth.com or 616-233-6505 (toll-free: 800-VFH-3347)*