

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: Make payable to "Voices For Health, Inc." and mail to:

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

Credit card: VISA MASTERCARD

Amount authorized: _____ Exp. Date: _____

Name on card: _____

Billing address: _____

Card number: _____

Authorized signature: _____

FAX TO 616-233-6522 -OR- MAIL TO ADDRESS ABOVE

- *REGISTRATION DEADLINE IS 5 BUSINESS DAYS PRIOR TO ANY CLASS OR FIRST DATE OF COURSE.*
- *Seating is limited. Registration is on a first-come, first-serve basis.*
- *University students must show proof of current academic registration in order to receive discounted rate.*
- *VFH reserves the right to cancel any program at any time due to insufficient enrollment or unforeseen circumstances; payments will be refunded.*
- *Prior to registration deadline, participant may withdraw registration and payment will be refunded. Refunds in whole or in part are not available after the course begins.*
- *A \$35.00 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)*