

# REGISTRATION

*Paulina's Promise*  
SEMINAR SERIES

## Registration Fees

Doctors \$295

Staff Member \$95

Attendees: \_\_\_\_\_

Indicate below: Doctor    Staff

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## PAYMENT \_\_\_\_\_

Enclosed is my check, payable to:

**Snow Mountain Seminars/Paulina's Promise**

Please charge my credit card:

Visa     Amex     Mastercard     Discover / Novus

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Please complete this form and  
fax it to (303) 298-8437**

or mail it to:

Snow Mountain Seminars

Paulina's Promise

999 18th St., #1300

Denver, CO 80202

**Register early. Seating is limited.**

Refunds: 90% of registration fee will be refunded if cancellation is made on or before November 1st. No refunds will be issued for cancellations made after November 1st.