

DYNAMIC THERAPIES REGISTRATION

NAME: _____

EMAIL: _____

CELL PHONE: _____

CLINIC PHONE: _____

HOME PHONE: _____

WORK ADDRESS: _____

HOME ADDRESS: _____

COURSE: _____

MAKE CHEQUE PAYABLE TO ROBERT HACKWOOD

DEPOSIT AMOUNT: _____ CHEQUE E-TRANSFER CASH

COMMENTS: _____

**Mail to: Robert Hackwood
102-3195 Granville Street
Vancouver, BC, V6H 3K2**