



HAND DYNAMICS

Integrative Hand Analysis

Hand and Fingerprint Analysis Intensive Weekend Registration Form

Name _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

E-mail address _____

I was referred by _____

\$675 Earlybird Full Payment Enclosed (\$725 after January 1, 2010)

\$175 Deposit Enclosed, please contact me about your payment plan

Please contact me about securing shared lodging at a very reasonable price

Please contact me about assistance with securing solo lodging

Credit card: Master Card Visa Discover AmX

Card Number _____ Exp Date ____/____ Card Code _____

Name on Card _____

Signature _____ Date _____

Billing Address (if different from above) _____

City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Check enclosed for \$ _____ or Total to be charged today \$ _____

Mail to address below or Fax to 707.546.2394

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