

PATH INT'L REGISTERED INSTRUCTOR WORKSHOP & CERTIFICATION

Aug 20 – 23, 2020



at 9375 W 300 N, Michigan City, IN 46360

Registra2on (form A)

To register for this workshop/cer2fica2on complete this form & form B and send it with the required fee and a copy of your *Confirma*2on of *Instructor-In-Training le*2er from PATH Int'l to the address below .

| Name: | Name: | | | | PATH Member ID: | | | |
|--------------------------|----------------------------------|---------------|-----------------------|-------------|-----------------|-------|-----|--|
| Address: | | | | | | | | |
| | Street | | City | | | State | ZIP | |
| Phone: | | | Email:_ | | | | | |
| REGISTRATION: | | | | | | | | |
| INSTRUCTOR WORKSHOP ONLY | | | | | \$400.00 | | | |
| C | CERTIFICATION ONLY* | | | | \$375.00 | | | |
| | *MUST PR | OVIDE COPY O | F WORKS | OP CERTIFI | CATE | | | |
| II | INSTRUCTOR WORKSHOP AND CERTIFIC | | | ION | \$750.00 | | | |
| A | Auditor | | | | \$125.00 | | | |
| | osed (make paya | | - | No | | | | |
| | : Visa | | | | | | | |
| | CVS | | | | | | | |
| Name on C | ard: | se Print | | Email: | | | | |
| Billing Add | ress: | | | | | | | |
| | Stre | | | City | | | ı | |
| Send IT Le er, tl | nis registra⊡on f | forms (A & B) | and full _l | payment to | o: | | | |
| | | | Reins of L | ife, A②n: A | ly Olson | | | |
| | | 55200 C | Quince Ro | ad South E | Bend, IN 4661 | .9 | | |

You will receive your Phase Two Packet and lodging informallon once your registrallon form, payment and Instructor-In-Training leller from PATH Int'l are received. Cancellallons prior to the registrallon deadline of July 23 2020 will receive full refund minus \$50 service fee. Cancellallons alter deadline will receive 50% refund. No refund will be granted alter Aug 5th.

Fax: 574-232-1104

www.reinsoflife.org

Phone: 574-232-0853