

Registration Form

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Home: _____ Work: _____

Email Address: _____

Class Title: _____ Class Date: _____

Instructor Name: _____ Cost: _____

Mail registration form and personal check or money order to:
NW Academy For The Healing Arts
2701 California Ave SW #268 • Seattle, WA 98116 • 206-932-5950
www.nw-academy.com • admin@nw-academy.com

Please Make Checks Payable to Northwest Academy for the Healing Arts.