



Tao Shiatsu Introductory Workshop Registration Form



July 10-11th, 2010
Saturday 9:00am – 5:00pm
Sunday 2:00 – 5:00pm

NAME _____

ADDRESS _____ ZIP CODE _____

HOME PHONE _____ WORK/CELL PHONE _____

EMAIL _____

EMERGENCY CONTACT _____

PAYMENT FOR WORKSHOP

Fee: \$150 - Please register by July 1st

The full fee is required by July 1st to reserve your place in the workshop.

Registration is only confirmed upon receipt of deposit/payment.

Make check payable to: Tao Shiatsu

Mail check and registration form to:

Tao Sangha Center Madison

Attn: Deborah Bachmann

2330 Willard Ave. Madison, WI 53704

LOCATION OF WORKSHOP

Pacific College of Oriental Medicine (PCOM)

3646 North Broadway, 2nd floor, Chicago IL 60613

See www.pacificcollege.edu for location/map

For more information please contact Deborah at Tao Sangha Madison

(608) 257-4663 or usa@taosangha.com

(Please email with “Tao Shiatsu-Chicago” in subject line)

Also please visit: www.taosangha-na.com

Thank you!