

Imagine YOU® Training Registration Form

2019 Training Segments: Jan 29 & Feb. 5 (930 am - 12:30 pm), and Feb. 12 (9 am - 1 pm)

Location: SAY Dream Center 2447 Summerfield Road, Santa Rosa

Registration deadline: January 5th at 5 pm

Please print legibly:

Name: _____ Phone: _____

Mobile: _____ Email: _____

Mailing Address: _____

Agency/Organization you work for (if applicable): _____

Your job title _____ Student(where?): _____

Please explain your experience(if any) facilitating groups and/or coaching individuals?

Please tell us if you have any special needs _____:

How did you hear about this program? _____

What attracts you to this program? _____

Full program cost: \$599 value

What amount will you/your organization pay toward the tuition? \$ _____

I/We will pay by: Check Cash Credit Card (contact us for PayPal link))

Fill out one registration form per person.

Please mail or email this form to Cynthiac@imcfound.org

For more information please contact:

Cynthia Calmenson, Executive Director cynthiac@imcfound.org.

Mobile: 707-623-0151

Imagine YOU is a program of the Integrative Medical Clinic Foundation, a nonprofit organization in Santa Rosa, California.

Please visit www.imcfound.org or find us on Facebook [@imcfound](https://www.facebook.com/imcfound)

