



Enrollment Form

October 18-20, 2019 • Wrightwood, CA

Name: _____
Address: _____
City, State, Zip: _____
Email: _____

Phone (Cell): _____
Phone (Home): _____
Phone (Work): _____

Does the H.E.R. Weekend have permission to print your above contact information for distribution to other participants attending your training? YES NO

Select Your Payment Method:

- Check in the amount of:
 - \$150.00 [Non-refundable Deposit]
 - \$700.00 [Full Tuition]:

Make check payable to: **HER Weekend**

- Credit Card in the amount of:
 - \$150.00 [Non-refundable Deposit]
 - \$700.00 [Full Tuition]
- Visa Master Card American Express
- Card Number: _____
- Expiration Date: _____ CVV: _____
- Name on Card: _____

Please list the types of personal growth work you have done in the past:

How did you hear about the H.E.R. Weekend?



Email, fax or mail your completed form and payment to:

H.E.R. Weekend
P.O. Box 77
Woodland Hills, CA 91365

Phone: 818-518-3850
Fax: 888-589-2497
Email: info@herweekend.net

www.herweekend.com