



## INTERNATIONAL SUMMER SEMINAR HEALERS & DOCTORS IN THE ANDES REGISTRATION FORM

INTERNATIONAL SUMMER SEMINAR May 11-16, 2010			
Last name	First name		Middle name
Mailing Address <i>Civic number, Street</i>			
City	State/Province		Country
Postal/Zip Code		<i>E-mail</i>	
Occupation			
Notice: Your application will be complete only after we receive your payment. Make your payment online at: <u>http://www.runajambi.org/registration-hda.htm</u>			