

STRESSMASTER

MASTERING STRESS WORKSHOP FOR NURSES AND HEALTH CARE WORKERS

Registration Form

The Franciscan Renewal Center, Arizona - "The Casa"

5802 E. Lincoln Drive

Scottsdale, AZ 85253, USA

Please be at the Center by 7:30-8:00 to register.

8:30am – 4:30pm

Lunch will be provided at The Casa.

Please complete the following for one or more registrants

Participant's Name #1 _____

Title _____ Email (required) : _____

Participant's Name #2 _____

Title _____ Email (required) : _____

Participant's Name #3 _____

Title _____ Email (required) : _____

Participant's Name #4 _____

Title _____ Email (required) : _____

Participant's Name #5 _____

Title _____ Email (required) : _____

Participant's Name #6 _____

Title _____ Email (required) : _____

Participant's Name #7 _____

Title _____ Email (required) : _____

Participant's Name #8 _____

Title _____ Email (required) : _____

Participant's Name #9 _____

Title _____ Email (required) : _____

Participant's Name #10 _____

Title _____ Email (required) : _____

STRESSMASTER

Organization Information

Title _____
Organization _____
Address _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Method of Payment

Payable in U.S. dollars. Check enclosed (payable to *Stressmaster*)

Visa [] MasterCard [] American Express [] Discover []

Number of Participants = _____ X Price Per Participant \$ _____ = \$ _____

Amount to be charged to credit card: \$ _____

Name on Credit Card: _____

Address: _____

Account number Exp. Date _____

Cardholder's signature _____

PAYMENT OPTION 1 - Please mail registration form with payment to

**Stressmaster
3219 E. Camelback, #140
Phoenix, AZ 85018**

PAYMENT OPTION 2 - Please FAX registration form with payment information to 602-952-8693

Stressmaster Registration Fee

April 9, 2010 Phoenix = \$135/person

Group Rate of 5 or more = \$115/person

Student Rate (limit to 8 per seminar – contact Stressmaster before registering) = \$85