



2009 BIOCOMPUTER OPERATING SYSTEM Technique Workshop

Registration Information:	
Name:	
Company:	
Address1:	
Address2:	
City:	
Province/ State:	
Postal/Zip code:	
Phone:	
Fax:	
Email:	
Payment information: (A deposit of \$100.00 is required by Aug 31st 2008)	
Payment Type: (circle one)	Mastercard ---- Visa ---- Cheque*
Payment Amount:	\$
Credit Card Number:	
Name on Card:	
Expiration date: (MM/YYYY)	
Authorized Signature:	

*Please make all cheques payable to **Healing Horizons Inc.** There will be a \$35.00 administration fee for cancellations.

I would like to register for the following module(s):

Module 1 <small>Sept. 25 & 26, 2009</small>		Module 4 <small>Feb 26 & 27, 2010</small>	
Module 2 <small>Oct. 30 & 31, 2009</small>		Module 5 <small>Mar. 26 & 27, 2010</small>	
Module 3 <small>Nov. 20 & 21, 2009</small>			

Please submit to: **Steel Health Centre**, 28 Cardigan Street, Guelph, ON N1H 3Z4
 Phone: (519)821-6269 Fax to: (519)821-7281
 or register online at www.steelhealthcentre.com