

Healing Pathway Participant List

Participants: by placing your initials in the 2nd last column you give permission for your information to be entered into the confidential Healing Pathway Society (HPS) database to receive updates by email, phone, or mail. By placing your initials in the last column you agree to share your information with participants in this workshop.

Workshop Name:		Date:		Schedule C
Location:		Coordinator:		
Coordinator's Email:		Coordinator's Phone #:		
Instructor(s):				

Participant Information:					Initials	
	Name:	Mailing Address including postal code	Phone	Email	Do not share with HPS	Do not share with group
1						
2						
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