

## Healing Pathway Participant List

**Participants:** by placing your initials in the 2<sup>nd</sup> 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.

<b>Workshop Name:</b>				<b>Date:</b>			
<b>Location:</b>				<b>Coordinator:</b>			
<b>Coordinator's Email:</b>				<b>Coordinator's Phone #:</b>			
<b>Instructor(s):</b>							
<b>Participant Information:</b>						Initials	
	<b>Name:</b>	<b>Mailing Address including postal code</b>	<b>Phone</b>	<b>Email</b>	<b>Share with HPS</b>	<b>Share with group</b>	
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