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| **Healing Pathway Participant List****Participants:** by placing your initials in the 2nd last column you ask that your information NOT 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 ask that your information NOT be shared 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** |
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