

UNLEASHING YOUR INTUITIVE DEVELOPMENT

REGISTRATION FORM

Y O II O ? MR L M P N W X

Thank you for your interest.

Online registration is available. If you prefer, you may pre-register for a class, by filling out this form and either fax it or mail it to me. Please be sure to include your method of payment (check or credit card number). Birth information must be provided at least 48 hours in advance to guarantee a chart on the day of the class.

My fax number is: 805-962-8863.

My mailing address is: Beth McDonald Consulting
22 North Voluntario Street #B
Santa Barbara, CA 93103

Your Name:
Your Address: City/State/Zip:
Birthday (month, day and year): Time of birth:
Place of Birth:

Cost of the class is \$40

Method of payment:

Check Credit card: (circle one) Visa Mastercard

Card Number: Expiration Date:

Name on the card:

