# National Institute for Resiliency and Wellness 2-DAY WORKSHOP

Please fill out the following form, save and email the PDF back to **info@nirw-healing.org**
You may also print the filled out PDF and mail it to:
**National Institute for Resiliency and Wellness, 1422 Allendale, Saginaw MI 48638**

WORKSHOP LOCATION _____ WORKSHOP DATE: _____

REGISTRANT NAME 1 _____ REGISTRANT EMAIL 1 _____

REGISTRANT NAME 3 _____ REGISTRANT EMAIL 2 _____

REGISTRANT NAME 1 _____ REGISTRANT EMAIL 3 _____

REGISTRANT NAME 1 _____ REGISTRANT EMAIL 4 _____

ADDITIONAL REGISTRANT(S) _____

AGENCY/SCHOOL/FACILITY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

**Method of Payment**

Amount $_____ ☐ Check Enclosed- payable to: (NIRW) National Institute for Resiliency and Wellness

**Credit Card:** ☐ Visa ☐ Master card

CREDIT CARD NUMBER _____ (_____) CVV CODE EXP DATE _____

NAME ON CARD _____

AUTHORIZED SIGNATURE (if emailing, retype name) _____ or use "Adobe ID" _____

Registration received 7 days prior to conference date
(All registration due before the conference date)

**Please mail registration and payment to;**

**National Institute for Resiliency and Wellness (NIRW) 1422 Allendale, Saginaw MI 48638**
**email: info@nirw-healing.org - Register by phone: 989-928-3967**