

**TRAINING & WORKSHOP REGISTRATION FORM**

Prizms Center for MindBody Integration LLC

Please PRINT the following information LEGIBLY and submit by fax or mail to Prizms. See contact information below.

Training Title: \_\_\_\_\_  
(short is fine, i.e. "Reiki I," "Meditation," etc.)

Reg.Code: \_\_\_\_\_ Training Cost: \_\_\_\_\_

SSN (last 4 digits only): \_\_\_\_\_  
(AHEC requirement for identification)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as you want it on certificate: \_\_\_\_\_

Credentials/Licenses: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(if applicable)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Dietary limitations: \_\_\_\_\_  
(for certain classes)

Additional info you want us to know: \_\_\_\_\_

**FAX completed form to Prizms, Attention: Trainings @ 336.761.5071; or  
MAIL to: Prizms; PO Box 20323; Winston-Salem, NC 27120**

## CHARGE/DEBIT PAYMENT AUTHORIZATION FORM

Prizms Center for MindBody Integration LLC

Please Read: *It is recommended that you enter your own charge card information for payment on Prizms' website ([www.prizms-ahealingplace.com](http://www.prizms-ahealingplace.com)) under the "Purchase Online" menu tab. This is handled securely through our PayPal payment service. If, however, you prefer or need Prizms to enter your information on your behalf, LEGIBLY PRINT the information requested on this form and FAX or MAIL it to Prizms using the contact information below. If submitting registration form, please submit both forms together. Also, medical-spending account types of charge cards will typically NOT work for payment to Prizms, so please do not attempt to use these.*

Your Email Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Type of Card:  VISA  MasterCard  AmericanExpress  Discover  
(check one)

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_  
(found on front or back, depending on the card)

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(associated with this card)

By signing below, I hereby acknowledge that I have read the statement above and that I am authorized to use this card. I authorize Prizms Center for MindBody Integration LLC to enter the information and charge the amount above on my behalf for payment toward services, products, or trainings, as applicable.

\_\_\_\_\_  
Signature of Authorized Card Holder

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MAIL to: Prizms; PO Box 20323; Winston-Salem, NC 27120**