ManKind Facilitator Training Retreat RegistrationRockford, IL – October 19-23, 2020

□ I will	paying with the enclosed check. pay via credit/debit card for an addit e:	ional service fee of 3%. Plea	ase call me.		
Number of People	Training Type		Price per Person	Total	
		ord, IL Training if Her Journey online training has not en taken (includes online training fee) ord, IL Training if Her Journey online training has aken (gives credit for online training)			
			Total Enclosed:		
For each atte	endee, complete the following:				
Name:		Email:			
Address:					
Phone Number:		\Box Yes	Had online Her Journey Training? ☐ Yes ☐ No		
Mission or Org Representing:		City, State of Organization:			
Name:		Email:	Email:		
Address:					
Phone Number:		Had online Her Jou Yes No	rney Training?		
Mission or Org Representing:			City, State of Organization:		

Use copy of form if needed for additional attendees. Mail to: ARMS PO Box 663 Hillsboro, OR 97123