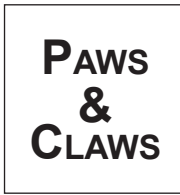


**Gina Palmer,**  
Animal Communication Specialist  
P.O. Box 2525  
Vista, CA 92085-2525  
**Phone (760) 630-0777**



*Mail with payment to address at left.  
Or fax signed, dated form to (877) 841-3307  
for faster service.*

*Signed form must be received by mail or fax in the  
Paws & Claws office in order for us to confirm  
your reservation for your scheduled class date.*

***www.pawsandclaws.net***

Please review the current Schedule of Classes & Workshops on the website.  
Also, please read the Workshop and Class Policies and sign the acknowledgment at bottom of this form.

## WORKSHOP ENROLLMENT FORM

I am interested in the following workshop(s):

- Basic Workshop** ..... \$330
- Advanced Level 1** ..... \$575
- Advanced Level 2** ..... \$660
- Crossing the Rainbow Bridge** (4-hour intensive by appointment only) ..... \$260
- The Spirits of Nature** (2-hour intensive by appointment only) ..... \$95
- Totem Animal Power Retrieval** (3-hour intensive by appointment only) ..... \$105
- One-on-One Workshop/Study/Mentor Program** (by appointment only)
- Sacred Path Readings** (2-hour intensive by appointment only) ..... \$85/hour

**Dates of the requested workshop** \_\_\_\_\_ (from website)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone (optional)** \_\_\_\_\_ **E-mail (optional)** \_\_\_\_\_

**Amount Enclosed \$** \_\_\_\_\_  Check  Credit Card  Money Order

**CREDIT CARD INFORMATION** | Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_



Signature \_\_\_\_\_

**IMPORTANT** I have read, understood, and accepted the Paws & Claws Workshop and Class Policies  
\_\_\_\_\_ (as shown on the website).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_