

# Registration Form for Mother's Shadow Workshop

*Experiential Workshop for Men*

**REGISTER ME FOR** (*Please PRINT Clearly*):

Date of Workshop:
Location of Workshop:
Total cost: \$                      USD

*Please PRINT Clearly:*

	<b>Contact Info</b>
Name	
Address	
City / State / Postal Code	
Country	
Work Phone	
Home Phone	
Fax	
Cell Phone	
Email Address	

Today's Date \_\_\_\_\_

## **WORKSHOP FEE:**

Full Payment of \$ 150 is enclosed. (Plus food for meals, if required.)

## **PAYMENT:**

<> **BY CHECK** - Make checks payable to **Tosi and Associates** and mail with this registration form to:

**Tosi and Associates**  
**7161 Driftwood Dr**  
**Fenton, MI 48430 USA**

<> **BY CREDIT CARD** For payment by credit card:

Fax this completed registration form to **810-496-0456** (this is a private fax machine in our home) or

Mail this completed registration form to the address above.

VISA       MasterCard      Amount USD \$ \_\_\_\_\_

Card Number:          Expiration Date (mo/yr)  /

Security code (3 or 4 digits on back of card):       billing address Zip Code

billing address Street Number

Name on card: \_\_\_\_\_      Signature: \_\_\_\_\_

For additional information call **810-750-7227**, or email [char@tosi.biz](mailto:char@tosi.biz)