

Registration for Healing Intentions

Registration Deadline April 24th

Name: _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Check here to receive e-mail information and personal growth helps.

____ I am paying in cash or check Make Checks for \$95.00 Payable to Burnsville Counseling and Healing Center

Visa MC Am. Ex Discover (circle one) Card # _____ for \$95.00

Expiration Date: _____

Signature: _____

Mail to:

Burnsville Counseling and Healing Center
17305 Cedar Ave. Suite 230
Lakeville, MN 55044
952-435-4144