“*LABOUR N’ LEARN*”- REGISTRATION FORM

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| FULL NAME: |  |
| ADDRESS: |  |
| POSTAL CODE: |  |
| EMAIL ADDRESS: |  |
| **WHICH WORKSHOP DATE ARE YOU APPLYING FOR:** MAY JULY SEPTEMBER 20\_\_\_\_\_\_\_\_ |  |
| YEAR OF GRADUATION: |  |

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| DATE: | DATE OF BIRTH: |  |
| CITY: PROVINCE: |  |  |
| PHONE #: |  |  |
| NATUROPATHIC COLLEGE/SCHOOL: |

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| MEDICAL INFO |  |  |  |  |

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| DO YOU HAVE ANY PRE-EXISITING MEDICAL CONDITION OR HISTORY OF INJURY?: IF SO, PLEASE LIST BELOW: |
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| DO YOU HAVE ANY DIETARY RESTRICTIONS?: |  |
| DO YOU HAVE ANY ALLERGIES?: |  |

 DO YOU HAVE ANY SPECIAL NEEDS OR REQUESTS?: |

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| BACKGROUND INFO |

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| WOULD YOU DESCRIBE YOUR EXPERIENCE AND UNDERSTANDING OF PERMACULTURE AS ADVANCED, INTERMEDIATE, BEGINNER |
| ANSWER: |

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| WOULD YOU DESCRIBE YOUR GARDENING/BOTANICAL CULTIVATION EXPERIENCE AS ADVANCED, INTERMEDIATE, BEGINNER |
| ANSWER: |

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| WHAT ARE SOME OF YOUR GOALS AND MOTIVATIONS FOR ATTENDING THIS WORKSHOP: |
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| PAYMENT | **$96.05** ($85.00 PLUS $11.05 HST) | SPACES ARE LIMITED. ENROLLEMENT WILL BE FINALIZED UPON RECEIPT OF PAYMENT.Thank you for your contribution to this project. |

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| METHOD OF PAYMENT:Interac email transfer to: richvuksinicnd@gmail.com **SECURITY QUESTION: HEALING POWER OF NATURE / ANSWER: VISVIS (all upper case)**or Cheque payable to Richard Vuksinic. INVOICE WILL BE SENT VIA EMAIL |