

19626 Swedetown Rd
Clatskanie, OR 97016



503-728-3330
Lightworksbycj.com

Workshop Registration

This form is strictly for the purpose of requesting registration in the "Recovery from Pet Loss Workshop".

Based on this information and payment, we will send you confirmation of registration.

Contact Information

Contact Person's Name: _____

Workshop Dates: _____ *Number of Participants: _____

E-mail: _____

Telephone Number: _____

Mailing Address: _____

Preferred Method of Contact: _____

How did you hear about us? _____

Please mail your Check or Money Order in the following amount:

*\$195 per person = \$ _____

Minus Early Registration of = \$ _____

Total Due = \$ _____ total

(*Does not include accommodations*)

Make Check or Money Order to:

Cynthia Juday

Mail to:

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