

*The Lethbridge Spiritualist Centre is pleased to host*  
**ENHANCING YOUR MEDIUMISTIC POTENTIAL**  
**2-DAY WORKSHOP REGISTRATION FORM**

**SATURDAY & SUNDAY OCTOBER 19 & 20**

**9:30AM – 4:30PM**

**Part A: Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number (best to contact): \_\_\_\_\_ (cell/home/work)

Email Address: \_\_\_\_\_

**Part B: Background Information**

Describe any experience with psychic/spiritual work that you have had:

\_\_\_\_\_

\_\_\_\_\_

Are you a member with Lethbridge Spiritualist Centre? \_\_\_ Yes \_\_\_ No

**Part C: Please sign and date**

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

**Part E: Payment: (Made by cash or by cheque made out to Eternity Connection)**

Cost of workshop: \$190.00

I am a member of the Lethbridge Spiritualist Centre OR \$180.00

Total Amount Due: \$\_\_\_\_\_

**Part F: Complete Registration**

**Email:** [info@lethbridgespiritualist@gmail.com](mailto:info@lethbridgespiritualist@gmail.com) (put Mediumship workshop Registration in subject line)

**Mail:** 94 Mt Alderson Cres W, Lethbridge, AB T1K 6P1

Or drop off if attending Sunday demonstration Service 425 11 St S (7:00)

**Office Use only:**

Date Registration Rec'd	Date payment rec'd	Amount paid	Confirmation of Receipt sent
		\$	

Notes:

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