

Registration Form:

Register Now!

To register for "A Change of Pace" fill in the information below, detach and mail with payment to the following address. Do not send cash. You may register by check or credit card. Please make checks payable to St. John Macomb Hospital WHAC.

Conference fee: \$45 through March 11
Late registration fee: \$50 March 12-25*

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alternate: _____

Email: _____

Check enclosed: _____

Mastercard/Visa Number: _____

Expiration Date: _____

Signature: _____

Send registration form and payment to:
Webber Healing Arts Center
St. John Macomb Hospital
11800 E. Twelve Mile Road
Warren, MI 48093

* Registration deadline is March 25, 2005.
Refunds will not be made after deadline.

Pre-registration is required.
One registration form per person.
Seating is limited.

For more information regarding
"A Change of Pace," please call
the Webber Center at 586-573-5785.