

PORTLAND SHAMANISM, DYING, & BEYOND

-----REGISTRATION FORM-----

NAME:

PHONE NUMBER:

MAILING ADDRESS: (include city, state and zip code)

EMAIL ADDRESS:

WHERE DID YOU HEAR ABOUT THIS COURSE?

APPROXIMATELY, WHEN AND WITH WHOM DID YOU TAKE THE FSS WAY OF THE SHAMAN COURSE? (Prerequisite for any advanced FSS Course)

-----LIABILITY RELEASE FORM-----

Date _____

I will not hold Beth Beurkens, Beth Beurkens Seminars, Catherine Valentine, The Portland Marriott Downtown Waterfront, or The Foundation for Shamanic Studies legally responsible for any injury, illness, accident or other misfortune that may occur in connection with my participation in the Shamanism, Dying & Beyond workshop at The Portland Marriott Downtown Waterfront in Portland, OR on October 28 & 29, 2017.

Signature _____

Printed Name _____

Check Payment - Secure your registration by putting your deposit or full tuition check (made out to Beth Beurkens) in an envelope addressed to: Beth Beurkens, P.O. 483, Ashland, Oregon 97520. Please include a registration form and liability waiver for each individual.

Thank you for your registration. We look forward to sharing Shamanism, Dying, & Beyond with you.