

PORTLAND POWER (CORE) SOUL RETRIEVAL TRAINING

-----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, SHAMANIC EXTRACTION HEALING TRAINING, AND SHAMANISM, DYING & BEYOND? (Required Prerequisites for this Course)

- 1.
- 2.
- 3.

-----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 Power (Core) Soul Retrieval Training workshop at The Portland Marriott Downtown Waterfront in Portland, OR on April 28 & 29, 2018.

Signature _____

Printed Name _____

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