



# ROBIN SHAPIRO TRAINING REGISTRATION

## PAYMENT BY CHEQUE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROFESSIONAL BACKGROUND (Psychologist, Social Worker, etc.): \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

### **PLEASE MAKE CHEQUE PAYABLE TO LIONHEART FOUNDATION**

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