

Chrysalis Healing Arts

61 Winthrop St.
Augusta, Maine 04330

Registration Form

Name

Mailing Address

City or Town

State

Zip Code

Day Phone

Evening Phone

Email

If you are a Certified Hospice Volunteer or Hospice Staff member, you will receive an additional discount on each of the workshops.

Please tell us with which Hospice you are associated and in what capacity. Thank you.

Name of Hospice

City or Town

Role at Hospice eg. Certified Volunteer, Staff

PLEASE complete your Registration on the BACK of this page.

