



**EVOLUTIONARY HEALING  
INSTITUTE**

---

**Registration Form**

**May 29<sup>th</sup> – 30<sup>th</sup>, 2021**

**Fee - \$450**

**EHI Office**

Email – [ehmiami@gmail.com](mailto:ehmiami@gmail.com)

Phone – 305-667-8174

Fax – 305-661-2327

Email or Fax to EHI Office to Register

---

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

The workshop will be limited to a select 20 participants and we will speak with you personally prior to the workshop. Please tell us why you wish to attend and learn more about this topic.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Information:**

Check – must be received by May 21, 2021

Credit Card: MasterCard, Visa, Discover, AMEX

Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_