

Womenary Registration Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

(Very important for class communication)

Class Option (Please check one): Tuesday Evening Wednesday Morning

CEUs: Yes or No

Make check payable to: Womenary

Mail this form and your check to Womenary/713 Cedar Creek Dr/ Tyler, TX 75703