



KABBALAH FOR THERAPISTS TRAINING
REGISTRATION FORM

June 3 – 4, 2011 in Cotati, CA 94931

Oct. 14 – 15, 2011 in Berkeley, CA 94710

Name _____

Address (billing) _____

E-mail Address _____

Phone Number _____

Professional License Number _____

Payment:

Check Enclosed

Make checks Payable to: Rabbi Steven Fisdel

Mastercard or Visa

Name as it appears on credit card _____

Credit Card Number _____

Expiration Date _____

CVC Code (3 digit number on the back of the card) _____

Please mail your completed form to:

Rabbi Steven Fisdel
1126 Marin Ave.
Suite #2
Albany, CA 94706

Upon receiving your registration, we will send you confirmation.
Thank you for your interest. We look forward to your participation.
To Register by Phone, please call (510) 558-6870.