

Registration Form for TayLORD Health, LLC Courses
WOCNCB Code #422

Once you've paid online via PayPal, please complete this form and mail to
TayLORD Health, LLC, 11381 Ajanta Court, San Diego, CA 92129
or email to shelly@tayLORDhealth.com

Name: _____

Address: _____

Credentials: _____ DOB: _____

Phone/s: Mobile _____ Home: _____

Fax _____ Other: _____

E-Mail (the most important): _____

Shoe size: _____

Please indicate any food preferences/restrictions

Name of Course: _____

Location: _____ Date/s: _____

Do you need hotel or ground transportation information? _____

Tuition paid: _____

May we use photos taken during the event for the Photo Gallery on the Website
www.tayLORDhealth.com? Yes _____ No _____,

Comments: