Mental Health through Shamanic Spirituality: Indigenous Approaches to Healing

Registration form

FIRST NAME/LAST NAME:	
ADDRESS:	
COUNTRY:	
PROVINCE/STATE:	
POSTAL CODE:	
TELEPHONE:	
CELLPHONE:	
FAX:	
EMAIL:	
PROFESSION:	
NAME OF THE ORGANIZATION OR INSTITUTION:	
TELEPHONE AT WORK:	

MODALITIES FOR PAYMENT, CANCELLATION AND REFUND:

Reminder: payment should be made to the order of **Intercultural Institute of Montreal. Mail to:*

Intercultural Institute of Montreal
4730, avenue Papineau
Montréal (Québec)
Canada
H2H 1V3

- In order to confirm your participation, please send us your **registration** with **a deposit of $ 300 USD (which covers 10% of the $ 3000 USD cost of the workshop) as soon as possible**;
- In case of cancellation of the program, **this amount will be reimbursed to you**;
- We suggest that you wait till **June 21st 2010** to purchase your plane ticket to Lima.

- **International Money Order** ☐
- **Credit Card:** VISA ☐ MasterCard ☐

-Card Number : _____

-Expiration Date : _____

-Cardholder's signature : _____