

**MARY H. OSBORNE, RESOURCES**

**WORKSHOP REGISTRATION FORM**

**I WOULD LIKE TO REGISTER FOR:**

- |   |                  |          |
|---|------------------|----------|
| <input type="checkbox"/> <i>Dynamics of Comprehensive Care</i>                | Nov. 11-12, 2010 | \$975.00 |
| <input type="checkbox"/> <i>Continuing to Care</i>                            | March 9-10, 2012 | \$975.00 |
| <input type="checkbox"/> <i>Dancing with the Dragon of Change</i>             | TBA              | \$975.00 |
| <input type="checkbox"/> They All Say Yes.... A Team Approach to Patient Care | April 7-10, 2011 | \$995.00 |

**PAYMENT INFORMATION:**

Enclosed is my check for \$ \_\_\_\_\_ \*Number of attendees \_\_\_\_\_

Please bill my Visa/MasterCard for \$ \_\_\_\_\_

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

PLEASE SEND ME MORE INFORMATION ON \_\_\_\_\_

PLEASE CONTACT ME REGARDING *THE LEADERSHIP & LEGACY WORKSHOP*  
AND/OR PERSONAL SERVICES

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

***\*Please add names of additional attendees on separate sheet.***

*To register you can send this form via mail/fax to the information below,  
or you can reach us via email/phone.*

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