



Registration for PREPARE/ENRICH Training

Please print **legibly**.

Workshop Date: _____ Workshop Location: _____

Name: _____
Salutation First Name Last Name

If you were previously trained in PREPARE/ENRICH please provide your ID _____

Postal Address: **Please fill in the address where you receive mail**

Home Address Organisation (if applicable): _____

Address: _____

City _____

State / Province _____

Postal Code _____

Work Phone: _____

Home Phone: _____

E-Mail: _____

Please complete and return with your payment to:

**Prepare/Enrich Training
Life Resources
PO Box 13434
Christchurch 8141**

PRINT CLEARLY

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