

REGISTRATION FORM – 2018

Training Seminar / The Clinic of the Fantasy

(5th year-program)

May 28th to June 1st, 2018

Name : _____

Address : _____

Town : _____

State or Province / Country / Zip or Postal Code :

Cell Phone : _____

e-m@il: _____

Profession: _____

Institution: _____

Registration fee : 825 US\$

Check or money order to be made to GIFRIC inc.

Registration form and payment to be received by May 11th, 2018

Please send registration form and payment to :

GIFRIC / Training Seminar

c/o Micheline Cadieux

342, boul. René-Lévesque ouest

Québec (QC)

Canada G1S 1R9