

*TUULA NIEMELA
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Dear Retreat Participant

Please fill out and return this form to the above address until April 15.

*Registration for: Continuum Workshop, Helsinki, Finland
June 10. – 12. 2006
Kevin Smith*

Name _____

Address _____

Phone / Fax _____

E-mail: _____

Any medical conditions we should know about _____

Anything else you think is relevant? _____

Please make sure that you are adequately insured since we cannot take any responsibility for possible health or other problems of participants.

In case of emergency, contact: _____

Signature _____
