

2008 – Premier Clinic Registration

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Cell Number: _____

Email Address: _____

Shirt Size: _____

(Please Circle Choice)

Hotel Room: Yes or No

Roommate Requested: Yes or No

Reservation for Saturday Night Dinner: Yes or No

Brief Statement of Your Experience:

Send Registration and Check to:

Greg Harmon

4014 NW Fielding Road

Topeka, Kansas 66618