

Cancer Rehabilitation Workshop Registration Form

Workshop date & location:

Your Name:

Your Address:

Postal Code:

Your Phone:

Your Email:

Are you currently undergoing cancer treatment? YES NO

Cancer type:

Surgery Type & Date:

Please tell me about yourself, what had drawn you to this workshop and what do you hope to gain from it?

Please indicate clearly which you are registering for:

\$49 - Workshop and manual

\$99 - Workshop, manual, resistance band and exercise ball.

To Register either:

1. Save and email this form back to us, and pay online at <http://rejeneration.ca>
2. Save and email this form back to us and mail a cheque.
3. Print and mail us this form with a cheque.

Our email address is: 2rejuvenate@gmail.com

Our mailing address is : Rejeneration, 91 Gauguin Avenue, Thornhill, Ontario, L4J-9J4

Jenna Howe C.P.F.T., C.B.H.T, Cancer Exercise Specialist

Questions? Call Jenna directly at (416) 276-6053 or (705)761-3879

**We
Offer:**

Neuromuscular Therapy for Injuries (Bowen Technique)
Cancer Exercise Specialty & Cancer Recovery Complementary Care Services
Reiki, Zumba, Bellyfit & Fitness Education

Learn more at www.rejeneration.ca