



Animal Dreaming REGISTRATION Form

discover your own animal dreaming

"When we look to the medicine ways of nature, we see the earth and all the creatures that live upon it as messengers imbued with particular characteristics that offer insight into our own true natures. When we open ourselves to the guidance of our animal teachers, we receive confirmation of our innate strengths and the medicine we need to heal lifes' sorrows. When we experience interdependence with all life, we find our own honoured place in creation."

Scott Alexander King

------(cut off here and retain top portion)-----

EVENT ATTENDING: _____

Name : _____

Address: _____

Phone Number: (____) _____ **Fax Number:** (____) _____

Mobile: _____

Email: _____

Preferred Payment Option: (please circle)

Credit Card: Bankcard Visa Mastercard

Name as appears on credit card: _____

Signature: _____

Card Number: _____ **Expiry Date:** _____ / _____

Please forward Registration Form and Payment to: PO Box 5203 East Lismore NSW 2480
Please make Cheques and Money Orders out to ANIMAL DREAMING Pty Ltd

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Email: bookings@animaldreaming.com **Web:** www.animaldreaming.com