



Brimhall Wellness™
See Miracles Daily

HOMECOMING RE-CERTIFICATION REGISTRATION

Name: _____

DC DO MD CA MT PT Other: _____

* E-Mail Address: _____

Billing Address: _____

City / State / Zip: _____ / _____ / _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

3-day Homecoming Dates:

June 5-7 in Atlanta, GA

Prices:

Dr. Certification Update at Homecoming

CA/Staff Certification Update at Homecoming

Payment Method (due in full at the time of registration):

Check #: _____ (Make checks payable to Brimhall Wellness Seminars)

Credit Card #: _____

MC Visa Disc AmEx Exp _____ Code: _____

I, _____ confirm my reservation to the Brimhall Wellness™
Homecoming Seminar date checked above with my non-refundable check or credit card.

Approval Signature

Date

To Register or if you have questions call Nutri-West in Atlanta at

800-334-3793 or 843-342-3688