



Registration for Workshop:

(PLEASES PRINT CLEARLY)

Name: _____

Address: _____

Email: _____

Telephone: _____

Date of course: _____

Contact: Susan Renaud for enrollment and information.

info@therenaudeffect.com

(415) 419-6659

Payment accepted via Paypal, Credit card, Cash or Check.

Payment requested upon registration.

Maximum number is 6 students.

Cancellation/Refund Policy: Full refund if canceling more than 48 hours before beginning of event. A 20% processing fee will be charged if canceling within 48 hours prior to event. No show-no refund

Name of The Renaud Effect Intensive, Training Program: _____

Payment of was paid in full for The Renaud Effect Program a minimum of 2 weeks prior to workshop.

Send payment to: Susan Renaud, 523 Fourth St., Ste 206, San Rafael, CA 94901 or via PayPal from website:
www.therenaudeffect.com