

# PRESENT TO DYING ~

## *A COMMUNITY-BASED CONTEMPLATIVE CARE PROGRAM FOR BEGINNERS*

COMPLETE THE FOLLOWING REGISTRATION FORM AND RETURN TO THE FOLLOWING ADDRESS:  
HOSPICE WITHOUT BORDERS, 1713 STATE AVE NE, OLYMPIA, WA 98506

PLEASE NOTE THAT WE ONLY HAVE 12 SPACES AVAILABLE FOR THE AUTUMN COURSE. IF YOU WANT TO ENROLL FOR 2022 WE ENCOURAGE YOU TO RETURN THE COMPLETED REGISTRATION AS SOON AS FEASIBLE. IF YOU DO NOT GET INTO THIS YEAR'S COURSE, WE WILL CONTACT YOU AND YOU CAN CONSIDER REGISTERING FOR OUR SPRING COURSE IN 2023. PLEASE CONTACT US AT 360-556-4974 OR EMAIL AT [INFO@HOSPICEWITHOUTBORDERS.COM](mailto:INFO@HOSPICEWITHOUTBORDERS.COM) IF YOU WOULD LIKE ADDITIONAL INFORMATION.

NOTE THAT PRESENT TO DYING IS HELD IN PERSON AT THE OLYMPIA FIG, ADDRESS NOTED ABOVE. BECAUSE THE COURSE IS HELD IN PERSON, WE DO REQUIRE THAT ALL PARTICIPANTS ARE FULLY VACCINATED AGAINST COVID 19. AT THE BOTTOM OF THE FORM

NAME	
PREFERRED PRONOUN	
MAILING ADDRESS	
PREFERRED EMAIL	
PREFERRED PHONE	
PLEASE SHARE WHY YOU ARE ENROLLING IN THIS COURSE?	
PLEASE SHARE WHAT YOU'RE HOPING TO ACHIEVE BY PARTICIPATING IN THE COURSE?	

HAVE YOU HAD ANY EXPERIENCE IN CARING FOR A DYING PERSON,.	
IF YOU HAVE EXPERIENCED THE DEATH OF A FRIEND, FAMILY MEMBER OR PERSON OTHERWISE CLOSE TO YOU IN THE PAST 12 MONTHS PLEASE TELL US ABOUT THAT.	
ATTESTATION	I DO AFFIRM THAT THE ALL THE INFORMATION SHARED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I ATTEST THAT I HAVE BEEN FULLY VACCINATED AGAINST THE COVID-19 VIRUS.
SIGNATURE & DATE	DATE:

PAYMENT METHODS

REGISTRATION FEE IS \$30.

PAYING BY CHECK: MAKE YOUR CHECK PAYABLE TO: **HOSPICE WITHOUT BORDERS**

PAYING BY CREDIT CARD (WE WILL CHARGE YOUR ACCOUNT TO PAYPAL.

Card Type: (Visa or Mastercard Only)	
16 digit card number	
Expiration Date (mm/yr)	
Security Code (3-digit)	
Name as on Card	
Address	
Email	
Telephone	