

POPE INSTITUTE FOR HEALTH AND EDUCATION, LLC

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Workshop TITLE: _____		Start Date: ____/____/____	
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I authorize payment processing by method indicated above for enrollment in workshop(s) listed for the total amount indicated on this form. I hereby acknowledge that I have read and agree to all Terms and Conditions of Use, Service Agreements, and Policies including use of the company's website (popeinstitute.com) – see policies page.

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