

Print, complete, and mail, with payment (if applicable) to the address below:

Workshop Name: \_\_\_\_\_

Workshop Date(s): \_\_\_\_\_

Workshop Times: \_\_\_\_\_

Workshop Cost: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

How did you hear about MERCY? \_\_\_\_\_

\_\_\_\_ Check is enclosed, payable to MERCY.

Mail completed form, with payment (if applicable), to:

MERCY

505 Wood Springs Road

La Grange, KY 40031