

## Lifebreath Academy Qualification Course Registration Form

### Registrants Information

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

Company Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

- By checking this box you are consenting to receive relevant emails from Lifebreath, including announcements regarding new product releases or updates, Lifebreath Academy information, newsletters and other announcements that may be of interest to you.

### Payment Information

Qualification Course and Exam total due: \$56.50 (includes tax)

- Payment Made by:
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Visa                                 | <input type="checkbox"/> Check*       |
| <input type="checkbox"/> Master Card                          | <input type="checkbox"/> Money Order* |
| <input type="checkbox"/> Billing (must have an Airia account) | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Co-Op (please list wholesaler) _____ |                                       |

\*Please make payable to Airia Brands Inc.

Credit Card Information:	Card Number: _____
	Card Holder Name: _____
	Expiry Date: _____

You will receive a confirmation e-mail of your payment and date of course.

### Send Completed Forms to :

**Mail:** Airia Brands Inc.  
511 McCormick Blvd.  
London, ON N5W 4C8

**Fax:** 800-494-4185

**Email:** [jhook@airiabrands.com](mailto:jhook@airiabrands.com)

### Date Of Work Shop:

\_\_\_\_\_  
Please remember workshops start at 8am—5pm.  
Lunch is provided.