

**CARE - Center for Aromatherapy
Research and Education**

Mail In Registration Form

Essence of Pure Living

Your Health & Wellness
Advocate



Full Name _____

Location of Seminar _____

Dates of Seminar _____

Circle class(es) . . . BIBLE . . . VF . . . RD . . . Chemistry . . . ER

Your Address _____

City _____

State/Province _____ Zip/Postal Code _____

Day Phone _____

Evening Phone _____

Email Address _____

Amt. Paid \$ _____ Check Number _____

Would You Be Willing to Bring a Massage Table? _____

If paying by check, mail registration and payment to:

Sherry A. Cummings, FCCI(v), BCRS,
LSH, LMT(NCBTMB), BSN, CCT

927 Miller Picking Rd
Davidsville, PA 15928

**If paying by credit card or PayPal,
call or pay online.**

**Questions? Call, Text, Email, or visit
the Essence of Pure Living Website:**

814-883-0006
essenceofpureliving@gmail.com
www.essenceofpureliving.com/port-
folio/care/

Finding Freedom To Be Your BEST Self!