



My Piece  
of the Puzzle, LLC

# Mystic Perception

## The Opening Enlightenment Intensive Registration Form

Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Guest 1 \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Guest 2 \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Country \_\_\_\_\_ Zip/PC \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

Payment Info - full payment is required to reserve space in event

I am paying by (circle one) Credit Card (VISA/MC/AM EX) PayPal Check

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

CVV (3 or 4 digit code) \_\_\_\_\_ billing zip/postal code \_\_\_\_\_

Full name as it appears on card \_\_\_\_\_

Thank You!

Suzie Shride

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