Tanis McRae

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Contact Name		
Company Name		
Mailing Address Street Address		City
Province	Postal Code	
Phone W)	C)	Email
Location of Presentation		
Workshop Presentation ☐ Group ☐ Individual Sessions ☐ Both		
Workshops can be customized so consultation is critical to the success of the workshop, please provide times that consultation can be scheduled.		
Dates	Time	Contact Name
Comments:		