



**Collins Healthcare Education, Inc.**  
**Providing quality education to activity professionals**

John Collins, CTRS, ACC/EDU

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collinshealth@aol.com

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Registering for: \_\_\_\_\_

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Please make check payable to: Collins Healthcare Education, Inc.  
and mail with form to: P.O. Box 780251, Orlando, FL 32878-0251