

PREPARE/ENRICH WORKSHOP REGISTRATION FORM

Name: _____ Workshop Date: _____

Address: _____

City/State/Zip _____

Phone Number _____ Cell: _____

Email: _____

What is your primary professional affiliation (i.e., marriage family therapist, professional counselor, clergy)? _____

Interested in CEUS? _____ Yes _____ No

Payment Options:

_____ Checks Make Checks and Money Orders Payable to Solutions of Life, LLC and mail to 1840 Old Norcross Road Ste. 200, Lawrenceville Georgia 30044 (Please note that check must be received by cutoff date).

_____ Credit Card

Please indicate if ___ Mastercard ___ Visa ___ American Express

Card Number: _____

Name as it appears on the card _____ Exp. date: _____

CVV code: _____ Billing address (if different)

_____ I give Solutions of Life, LLC permission to charge my credit card.

Signature

Please note that payments can also be the pay pal link found on my website at www.solutionsoflife.com.