# PREPARE/ENRICH WORKSHOP REGISTRATION FORM

Names:_____

Workshop Date: _____

Address: _____

City/State/Zip_____

Phone Number_____ Cell: _____

Email: _____

Wedding Date: _____

**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.**