

Registration Form - Prerequisites for Relationship Success

The cost of the class is \$75 per person.

(A discount is available for current clients, please ask your therapist for details.)

Please register me for the seminar starting on: _____

How did you hear about our seminar? _____

Name _____ Gender: M___ F___

Name of Spouse/Partner _____ Gender: M___ F___

Address _____

City, ST, Zip _____

Phone _____ Email _____

___ Person(s) will be attending.

___ I am a licensed mental health professional and want a continuing education certificate verifying my attendance (Attach copy of current mental health license)

Payment Information:

___ Enclosed find my check # _____ payable to The Couples Clinic

___ Please charge \$ _____ to my Visa or Mastercard (circle one)

Card number _____ Exp. Date _____

Name as it appears on card _____

Credit Card Billing Address _____

V-code (last 3 digits in signature area on back side of card) _____

Cardholder Signature

Return this form to:

The Couples Clinic
1250 Executive Place, Suite 501
Geneva, IL 60134

or

E-mail the same information to staff@thecouplesclinic.com

or

Fax: (630-232-7567) (When sending a fax, please note that you'll hear our voice mail greeting. Just ignore it because our answering system has fax detection. After a moment, it will detect an incoming fax and send it to our fax machine).

Questions? Phone us at 630-232-7457 (x 115) or visit our website at www.thecouplesclinic.com

Cancellation policy: Registration fees are refundable (less a \$25 administration fee) if we're notified you want to cancel at least 1 week before the seminar start date. Refunds will not be issued after this date.

Office Use Only:

Payment Rec'd: _____ Receipt Sent: _____ CEU Sent: _____ Bateson _____ TH _____ E-mail _____