

# REGISTRATION FORM - Practical Tools for Treating Trauma

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

REGISTRATION FEE - If postmarked by 1/24/19 **\$65.00**

LATE FEE - If postmarked after 1/24/19 **\$10.00**

**TOTAL AMOUNT ENCLOSED/DUE:** \$ \_\_\_\_\_

Checks should be made payable to "Counseling Associates" and mailed to  
**PO Box 3483, Summerville, SC 29484**

All major credit/debit cards also accepted as well as PayPal. To use your credit/debit card, provide the following information:

MC/Visa # \_\_\_\_\_ Ex. Date \_\_\_\_\_ Zip \_\_\_\_\_ Sec. Code \_\_\_\_\_

To use PayPal, provide the email address you wish the PayPal invoice to be sent to:

PayPal E-Mail \_\_\_\_\_

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**Refund Policy:** a full refund can be expected with 48 hr. notice to **bmelton@homesc.com**; otherwise, handouts will be mailed to any participant who was registered for the workshop but was unable to attend; please note substitutions are acceptable with telephone notification.

**Questions?** Contact Barbara Melton at **bmelton@homesc.com**; or call her on her cellphone at **(843) 834-7859**