



Randi W. Cohen, LPCC, NCC Workshop Registration

Please print this and include it with your payment if you want to register through the mail.
PLEASE CALL and inform us that you have sent this so that we make certain there is still
space available in the requested workshop.

Your name: _____

Your address: _____

Your phone: _____

Your EMAIL (we need this to confirm your workshop registration):

Workshop(s) you want to register for (names & dates):

Type of payment included:

Check #: _____

Or Credit Card:

Number: _____

Expiration date: _____

Security code on back (last 3 or 4 digits): _____

Billing address of credit card including ZIP (if different from above):

Make check to and send to (or fax CC # to):

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