



**3-Day Intensive Workshop
Registration** (Please print clearly)

Participants Name: _____

Partner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Payment Information (Please print clearly)

\$1170.00 – Deposit due with registration (30 % of Full Fee)

\$2730.00 – *Remainder due prior to event

\$2457.00 – 10% discount for paying remainder in full

*Payment plans can be made upon request. * Checks payable to: **Family Solutions Counseling**

Payment Amount: _____ Workshop Date: _____

Payment Type: AMEX VISA MC DISCOVER Check # _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

CARD #: _____ - _____ - _____ EXP. DATE: _____

THREE DIGIT CID NUMBER: _____ ZIP CODE: _____

Cardholder Signature: _____ Date: _____

I agree to allow Family Solutions Counseling, PLLC (FSC) to charge my credit card or cash my check that is designated above in the amount of \$ _____.

Signature: _____ Date: _____

For a full refund, a written notice must be received by FSC no later than 30 days prior to the scheduled event. Cancellations received less than 30 days prior to the scheduled event will be refunded less a \$300 cancellation fee. No refund will be given if the request is made less than 72 hours of the scheduled event. Allow up to 6 weeks for refund. Please note, we reserve the right to change the date of this event if necessary. In the event a date change occurs, a full refund will be given or credit applied to a future intensive workshop.

Please mail this form to:

Family Solutions Counseling | Attn: 3-Day Intensive | 10400 N. Vineyard Blvd. | Suite A | Oklahoma City, OK 73120