



**Intensive Workshop  
Registration** (Please print clearly)

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment Information** (Please print clearly)

**\$1350.00 – 10% discount if entire amount paid in FULL**

\$750.00 – Deposit due with registration (50 % of Full Fee)

\$750.00 – \*Remainder due prior to event

\$675.00 – 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: Intensives | 10400 N. Vineyard Blvd. | Suite A | Oklahoma City, OK 73120