

REGISTRATION FORM

If you'd like to mail your payment (check or credit card), please print and fill out this registration form and mail it to the address below. You may also register and pay online at www.mcsatlanta.org.

Metropolitan Counseling Services • Journey Workshop Series 2010
1900 Century Place, NE • Suite 200 • Atlanta, GA 30345-4302

Please use one form per person

Name _____ Degree/License _____

Business/Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

Day phone _____

Fax _____

PLEASE NOTE THAT PHONE NUMBER AND E-MAIL ADDRESS ARE REQUIRED FOR CREDIT CARD PAYMENT. WORKSHOP CONFIRMATIONS ARE SENT VIA E-MAIL ONLY.

I wish to register for:

_____ **Breaking Through Toxic Relationship Patterns: The Art, Heart and Science of Emotionally Focused Couple's Therapy**
Friday, December 3, 2010 \$110.00
UPS Corporate Offices, 55 Glenlake Parkway NE, Atlanta, GA 30328

Emotionally Focused Couple's Therapy workshop	\$110.00	_____
Student or group rate	\$90.00	_____
per workshop		
	TOTAL	_____

I wish to pay by: _____ Check _____ Visa _____ MasterCard

Make check out to **Metropolitan Counseling Services**.

Visa or MasterCard Number _____

Name as it Appears on Card _____

Card Billing Address (if different from above) _____

City _____ State _____ Zip _____

Expiration Date _____ 3-Digit Security Code on Back of Card _____

Signature _____