

Workshop Registration Form

Questions: **Phone (614) 832-3355**

Name: _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

E-mail Address _____

Workshop(s)

	Name of Workshop	Date	Number of Hours	Cost
1]	_____	_____	_____	\$ _____
2]	_____	_____	_____	\$ _____
3]	_____	_____	_____	\$ _____
4]	_____	_____	_____	\$ _____
5]	_____	_____	_____	\$ _____
			Total	\$ _____

Total Payment Submitted to PayPal \$ _____

Or

Make check or money order payable to New Directions Counseling Services.

Mail Check/Money Order to: New Directions Counseling Services
4701 Olentangy River Rd., Col. OH 43214

Payment must accompany registration

No refund if cancelled less than 4 days prior to workshop