

**Center for Integrative Counseling
Beverly Shoenberger, LPC, PT
26 Fenn Road, Box #293
Newington, CT 06111
info@bevshoenberger.com
860-665-0398**

To Register: Print out the form below. Fill it out and send it to the above address, along with a deposit of \$50. This deposit will be non-refundable except as noted below.*

One-half of the course fee is due 1 week before the course starts, with the remainder due the first day of the course. I understand that once the course begins, no refund will be available.

Name: _____

Address: _____

Home phone _____ Work phone _____

Email: _____

Course name: _____

Dates & Times: _____

Deposit enclosed: _____

*For some courses, Bev may want to talk with people individually prior to accepting their registration. If at that time either party feels the course isn't a good fit, the deposit will be refunded. Also, the deposit will be refunded if the course is cancelled for any reason.

Signature

Date