REGISTRATION FORM (copy as needed – one per person**)**

Name: _____ email:_____ Phone: _____

Home Address: _____

Street *City, State, Zip*

Class/Retreat _____ ***Date(s)***_____ ***Fee***_____

Class/Retreat _____ ***Date(s)***_____ ***Fee***_____

Mail To: Life Skills Program
Psychological and Life Skills Associates, P.C.
2239-F Tackett's Mill Drive
Lake Ridge, VA 22192

Phone (703) 490 - 0336
Fax (703) 490 - 4525
E-mail: psychlife@psychlife.net
Web: www.psychlife.net

METHOD OF PAYMENT: Amount $ _____ *(Please do not send cash in the mail)*

☐ Check Enclosed – Payable to: *Psychological and Life Skills Associates*

☐ Credit Card - ☐ Visa ☐ MasterCard

Credit Card Number _____ Exp. Date _____

Name on Card _____ Authorized Signature _____

If you cannot attend, please cancel at least 7 days prior for a refund. Late cancellations and "No Shows" are not reimbursed.