

THE GUIDANCE CENTER  
WORKSHOP REGISTRATION FORM

Name (s): \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ (please include area code)

Email: \_\_\_\_\_

WORKSHOP TITLE: \_\_\_\_\_

(Please identify the workshop you are registering for)

WORKSHOP FEES\*

Registration Fees per attendee

Postmarked & Paid 2 days  
Before Workshop  
 \$ 149.00

Paid on the day of or after  
the Workshop  
 \$169.00

TOTAL \$ \_\_\_\_\_

\*Fees include workshop materials and CEU processing

Please list any ADA Special Needs:

\_\_\_\_\_  
\_\_\_\_\_

Cancellations and Refunds: Registration fees will be refunded, less a \$20.00 administration fee, if cancellation is received in writing no later than 2 days prior to workshop. After that date, registration fees are non-refundable. All refunds will be processed after the workshop. Substitutions are allowed.

PAYMENT METHOD

Checks and Purchase Orders payable to: The Guidance Center. There will be a \$20.00 fee charged on checks returned by the bank due to insufficient funds.

(Please check appropriate box)  VISA  MasterCard  Check  Money Order  Purchase Order

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please mail or fax completed registration form with payment to: The Guidance Center  
Registration also available at: 500 Limit St.  
<http://www.theguidance-ctr.org> Attn: David Barnum, PhD  
Phone: (913) 682-5118 FAX: (913) 682-4664 Leavenworth, KS 66048