

WORKSHOP REGISTRATION FORM

To register for any event you may do it online with a credit card (go to the Buy Now buttons) or fill out this form online, print it and send it to the address below along with your check or credit card information.

Name & Date of Workshop: \_\_\_\_\_

Name: \_\_\_\_\_

Degree / License Number \_\_\_\_\_

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

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

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

Full Payment of \$ \_\_\_\_\_ check: MasterCard: Visa:

Credit Card No: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ (3 numbers on back of card)

Cardholders Name: \_\_\_\_\_

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

Credit Card Billing address if different from mailing:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make Checks payable to and mail form to:

Licia Ginne, Marriage & Family Therapist, Inc.  
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Santa Monica, CA 90403