

Case Consultation Registration

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home: _____

Profession: _____

Email: _____

Card number _____

Amount: \$ _____ Exp.Date: _____

Signature: _____

Mail completed form to:

Family Psychological Services, P.C.

1750 25th Ave., Suite 200

Greeley, CO 80634-4945

Or fax form to 970-351-6687

Your registration form will be confirmed as soon as possible. For more information, please call: (970) 351-6688 (Carol Norton) or fax (970) 351-6687.

Enrollment is limited, so register early!

Method of Payment: Deposit One session fee

Make check payable to: Family Psychological Services.

Enrollment is limited to seven. The first seven deposits received will reserve spaces.

Check#: _____

P.O.# _____

Agency: _____

Please phone, fax, or mail in VISA and MasterCard payments.

Phone (970)351-6697, mail, or fax (970)351-6687.

By signing, I understand that I am committing to all scheduled supervision sessions.

Signature: _____ Date: _____

Which location do you plan to attend?

City / Session Fee

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Boulder, CO | \$190.00 | <input type="checkbox"/> Cheyenne, WY | \$200.00 |
| <input type="checkbox"/> Albuquerque, NM | \$220.00 | <input type="checkbox"/> Colorado Springs | \$210.00 |
| Fridays | | <input type="checkbox"/> Littleton, CO | \$190.00 |
| <input type="checkbox"/> Albuquerque, NM | \$220.00 | <input type="checkbox"/> St. Louis Park, MN | \$225.00 |
| Saturdays | | <input type="checkbox"/> Minnetonka, MN | \$225.00 |

Family Psychological Services, P.C.