

Thursday Workshops at St. Mary's
Registration Form

Name: _____ Phone #: _____

Address: _____

It's ok to leave a message at this phone #: _____

E-mail address: _____

Person to contact in case of an emergency: _____

Emergency contact phone number: _____

Pre registration is requested. Please fill in your workshop choices below:

Date	Time	Workshop Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

To register, send this completed form to:

By mail:

Dr. Kendra Brown
428 SW 7th Street
Stuart, FL 34994

By e-mail:

Attach form and send to:
info@kendrabrownphd.com

By Fax:

Send form to:
772-223-1430

Cost: \$25./per workshop

- I will pay by check. Please mail to office address above
 I would prefer to use my credit card.

My credit card is: Visa _____ Master Card _____

Card # _____ Expiration date: _____ (MM/YY)

Name on Card _____ Your signature: _____

Enclosed is my check for \$ _____ or please charge my credit card for \$ _____

Early registration is advised. Pre-registration is requested.
No refunds or vouchers are provided for cancellations with less than 24 hours notice.
Accommodations for persons with disabilities will be provided.

Dr. Brown has found that e-mail is the best communication tool for information and registration issues.