



Volunteer Client Registration Form Group Intensive Training Program 2012

Name _____ Sex _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell _____

Fax _____ Email _____

AGREEMENT

I understand that I may attend one or both weekend client group experiences offered. I agree that I will be present for the full weekend(s) that I choose to attend. The weekend(s) I wish to attend are marked below.

- Friday through Sunday, May 25-27, 2012
 Friday through Sunday, August 24-26, 2012

Signature _____ Date _____

Send this registration form by fax to **440.205.8606**, by email to osdregistrar@gestaltosd.org, or by mail to GICOSDISC, P.O. Box 1569, Mentor, OH 44061. **Include your \$25 registration fee, payable by personal check or money order (payable to GICOSDISC — Memo: "Group Intensive Client") or by credit card (fill out the information below).**

Payment by Credit Card We accept VISA, MasterCard, Discover, or American Express

Name (as on the card) _____

Card # _____ 3-4 digit security code _____ Exp. ____/20__

Signature _____

OTHER INFORMATION

I will be arriving with the following people: _____

I was referred to this program by: _____