



Event/Program Registration

Mail this form with payment to:
Center for Family Consultation
820 Davis, Suite 504
Evanston, IL 60201
(847) 868-2654

REGISTRANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

PAY BY CREDIT CARD

Visa MasterCard

Card # _____ Expiration Date: _____

Three-digit CVC code on back of credit card: _____

Total Amount Paid: _____

Signature: _____ Print Name: _____

PAY BY CHECK

Please enclose your check payable to: *Center for Family Consultation*

Total Amount Paid: _____

PROGRAM (you may select more than one)

2019 Winter Conference: \$135.00 per person or \$80 per student with current ID

Please list your afternoon workshop selections below:

Workshop 1: _____ Workshop 2: _____

Bowen Family Systems Theory 101: \$400 per person for the series of 8 one-hour lectures

Monthly Clinical Lectures with Michael Kerr, M.D.:

\$30 per person per session; \$250 per person for the full course of 10