



## Georgia Therapists Connection

### Registration

Event Date: June 24, 2011

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

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

Phone Number: \_\_\_\_\_

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

Company: \_\_\_\_\_

License type: \_\_\_\_\_

### Payment Information:

You may pay directly with Credit Card\* or Pay Pal\* by visiting [www.majorcounseling.com](http://www.majorcounseling.com) and going to "Make a payment" or by mail, **MUST BE POSTMARKED by JUNE 14**, you may send completed registration with payment information or check payable to: Major Counseling Solutions & Consulting, 11815 Northfall Lane, Suite 1006, Alpharetta GA 30009. If paying online please send registration information through "Contact Me". An email confirmation will be sent once registration and payment is received.

Card Type (circle one):    Visa        Master Card        Discover

Card #: \_\_\_\_\_

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3 digit code on back of card by signature line: \_\_\_\_\_

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

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

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

By signing above I am granting permission for Major Counseling Solutions & Consulting to charge my credit card in the stated amount of \$ 35 .