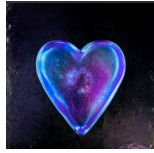


"Mindful Love" Registration

with Dr. Cindy Ashkins



Couples Workshop

PERSONAL INFORMATION:

Today's Date: _____

Name 1: _____

Name 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Cell _____ Cell 2: _____

Email Address: _____

Referred by: _____

PAYMENT INFORMATION:

Amount Paid: \$ _____ Amount Due: \$ _____

Type of Payment: Check _____ Venmo _____ CC _____ Cash _____

Other _____

Name on Card: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp.Date: ____ / ____

Security Code: _____ Signature: _____

Due to Dr. Ashkins' need to order workshop materials and workbooks, if cancellation occurs within 7 days of the workshop, your deposit will be forfeited.