



mindful **love** workshops & intensives

with dr. cindy ashkins

today's date _____

couples' workshop _____ couples' private intensive _____

requested date(s) for Intensive _____

name 1: _____

name 2: _____

address: _____

city: _____ state: _____ zip: _____

cell phone #1. _____ cell #2. _____

email address: _____

referred by: _____

payment information:

amount paid _____ amount due: _____

Check _____ Visa _____ MasterCard _____ AmEx _____

Name on Card: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp: ____/____

Security Code: _____ Signature: _____

Make checks payable to: Dr. Cindy Ashkins
121 Metairie Lawn Drive, Suite A
Metairie, LA 70001
or call with card information.
Email completed form to: Coupleslifecoach@gmail.com