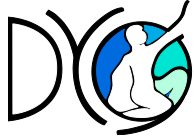


REGISTRATION FORM



DYOS Counseling, PLLC

Register for the 2015 activities:

FAX: 248-601-9991

If you decide to register by fax, mail your payment to the address below.

MAIL

1460 Walton Blvd. Suite
202 Rochester Hills MI
48309

Please complete the following information:

Date: _____

Name: _____ Telephone: _____

Occupation: _____ email: _____

Address: _____

For your convenience, confirmations are sent via email.

Place	Cost
1460 Walton Blvd. Door C suite 202. Rochester Hills MI 48309	<input type="checkbox"/> \$40 -I Feel...therefore I exist A
	<input type="checkbox"/> \$195 -I want to BE B
	<input type="checkbox"/> \$195 -No,no,no!..... C
	<input type="checkbox"/> \$40 -Say YES to stress..... D
	<input type="checkbox"/> \$50 - Relaxation session..... E
TBD (Rochester Hills)	<input type="checkbox"/> \$60 -Sense-sational..... F

Services at DYOS Counseling are available in English and Spanish. Please state your preferred language.

- English Spanish Either one

Number of people attending the workshop: _____ Total: _____

Method of payment	<input type="checkbox"/> Credit card	Available on site by appointment only.	At least 1 week prior to the date of workshop, providing there is availability.
	<input type="checkbox"/> Check	Check#	Amount enclosed:

Make checks payable to DYOS Counseling, PLLC.

Note: Registration payment for workshops B & C can be made in two emissions. Full payment must be completed 1 week prior the date of the workshop you are registering for. DYOS Counseling, PLLC does not reimburse fees due to cancellation, but payments could be credited for a future service with us.

Signature: _____