

Getting the Love You Want

with Dr. Cindy Ashkins

Workshop Registration Form

Personal Information

Today's Date: _____

Name 1: _____

Name 2: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: Cell 1 _____ Cell 2: _____

Payment Information:

Amount Paid: _____ Amount Due: _____

Check _____ Visa _____ MasterCard _____ AmEx _____

Name on Card: _____

Card Number: _____ Expiration: _____

Signature: _____

Make checks payable to: Dr. Cindy Ashkins

2626 North Arnoult Road, Suite 220

Metairie, LA 70002

Tel: 504 606 6011 – Fax: 834 8802

Workshop: \$725

Deposit required for registration: \$300

Early Registration \$100 discount

If cancellation occurs within 7 days of the workshop, your deposit will be forfeited.