

## **Event/Program Registration**

Mail this form with payment to: **Center for Family Consultation** 820 Davis, Suite 504 Evanston, IL 60201 (847) 868-2654

## **REGISTRANT INFORMATION**

Name:	
City:	State: Zip:
Phone:	
E-mail:	
PAY BY CREDIT CARD	
□ Visa □ MasterCard	
Card #	
Expiration Date:	Three-digit CVC code on back of credit card:
Total Amount Paid:	
Signature:	Print Name:
PAY BY CHECK	
	able to: Center for Family Consultation
Total Amount Paid:	
PROGRAM (you may select m	ore than one)
☐ Bowen Family System Theo	ry 101
\$400 for the full series of 8 le	ctures
☐ Bowen Theory and Meditation	on
\$200 per person	
□ 2020 Winter Conference	the dank with a valid Chedant ID
\$ 140 per person or \$85 per s	student with a valid Student ID
☐ Monthly Clinical Lectures w	
\$30 per person per session;	\$250 per person for the full course of 10