REGISTRATION FOR BREINING INSTITUTE 2011 CE TRAINING SERIES

Mail or FAX to: Breining Institute, 8894 Greenback Lane, Orangevale, CA 95662 • FAX (916) 987-8823

SECTION 1. Please type or print all of your information clearly. **PLEASE USE SEPARATE SHEET FOR EACH PARTICIPANT.**

First Name

Middle Name

Last Name

Address (Number, Street, Apartment or Suite Number)

City

State

USA Zip Code

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

E-mail Address

SECTION 2. Credit Card Payment Information (if paying by credit card): Circle type of card: **VISA** or **MasterCard**

Credit Card Number

Expiration Date

Full Name on Credit Card

Billing Address for Credit Card (if different than Address above)

City

State

USA Zip Code

Breining Institute is authorized to charge the following to this card. Total authorized: $ .00

Authorized Credit Card Signature

Date

SECTION 3. REGISTRATION FEE: If paying by check, please make check payable to "Breining Institute"

Please select which session(s) will be attended	**Cost**	**Participants**	**TOTAL**
❑ **March 12, 2011:** Personalities (4.0 hours Continuing Education)	$ 25.00	_____	_____
❑ **May 14, 2011:** Culture Centered Counseling (4.0 hours Continuing Education)	$ 25.00	_____	_____
❑ **September 10, 2011:** Ethics: Counselor's Perspective (4.0 hours Continuing Education)	$ 25.00	_____	_____
❑ **November 12, 2011:** Treatment Philosophies – What Works! (4.0 hours Continuing Education)	$ 25.00	_____	_____

FOR DISCOUNT, MUST PREPAY FOR ALL FOUR (4) SESSIONS (no refunds)

❑ **Prepay for 4 SESSIONS:**	$ 75.00	_____	_____

OFFICE USE ONLY:

❑ **Payment by check** .....Amount _____.....Date _____..... Check number_____

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