



## Continuing Education Registration Form

**INSTRUCTIONS:** To complete your registration, please complete this form and pay the appropriate registration fee. The form may be emailed to [info@wilbornclinicalservices.com](mailto:info@wilbornclinicalservices.com) or mailed to: **Wilborn Clinical Services P.O. Box 872873 New Orleans, LA 70187**. Payment can be made online at PayPal.com using email address [info@wilbornclinicalservices.com](mailto:info@wilbornclinicalservices.com) or credit card. Credit card purchasers must complete the form below and email back to [info@wilbornclinicalservices.com](mailto:info@wilbornclinicalservices.com). Registration confirmation will be emailed.

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Best phone: \_\_\_\_\_ Email address: \_\_\_\_\_

YES, I would like to be added to your email list.

Title of Workshop/Training: \_\_\_\_\_

Date of Workshop/Training: \_\_\_\_\_

Early Registration: \$65.00 | General Registration: \$75.00 | \*Student Registration \$ 35.00

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Amount paid: \_\_\_\_\_ Registration type: \_\_Early\_\_ General \_\_Student

Method (check one): Credit Card (Add \$4.00 Processing Fee) \_\_AMEX\_\_ Discover \_\_MasterCard\_\_ Visa \_\_PayPal

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*Student registrants must email proof of current student status with registration form to get the student rate (i.e., ID, signed letter on letterhead from faculty advisor)*

**Cancellations: Registration is non-refundable unless the host cancels the training. Refunds for cancelled events will be given within 7 days of the date of cancellation in the form of the original payment.**