

SETTING UP SHOP

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Credentials _____

Required Credit Card Information:

M/C, VISA, AMEX # _____

Expiration Date ___ / ___ Security Code _____ Zip Code _____

Name on Card if Different from Registrant _____

REGISTRATION BEFORE JANUARY 15, 2021 -- \$100.00

REGISTRATION AFTER JANUARY 15, 2021 -- \$125.00

CEU CERTIFICATE -- \$15.00 PLEASE CHECK IF YOU WANT CEUs

Mail your completed form to:

Kim Anderson, MSW, LCSW, ATR-BC, REAT

7110 Oakland Avenue, Suite 104

St. Louis, Missouri 63117

Or securely email to:

kandersonlcsw@att.net