

Everyday Courage Registration Form

_____ I would like to register for the Everyday Courage group!

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

Email: _____

Send this form with your check or credit card information to :

**Andrea Scharlatt
Being Integrative Psychotherapy
889 Grand Avenue Ste 103
St. Paul, MN 55105**

Or email completed form to andrea@being-therapy.com

Make checks payable to Andrea Scharlatt

To pay by credit card:

Name on card: _____

Card number: _____

Expiration date: _____

Billing zip code: _____

If you prefer to pay by phone, please contact me directly at 651-225-1086 to make a charge by phone.