

# COUPLE COMMUNICATION® WORKSHOP REGISTRATION FORM

PLEASE COMPLETE AND MAIL BACK  
YOUR FORM AND PAYMENT.



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

**Please select the workshop schedule you wish to attend:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Friday, January 11, 2008<br>Saturday, January 12, 2008 | 4:45 pm — 9:00 pm<br>8:00 am — 5:00 pm | <input type="checkbox"/> Friday, July 11, 2008<br>Saturday, July 12, 2008     |
| <input type="checkbox"/> Friday, April 11, 2008<br>Saturday, April 12, 2008     | 4:45 pm — 9:00 pm<br>8:00 am — 5:00 pm | <input type="checkbox"/> Friday, October 3, 2008<br>Saturday, October 4, 2008 |

**Cost:** \$395.00/couple or \$225.00/person Materials included.

- Yes, I would like to purchase \_\_\_\_ tickets for Friday Appetizers and Saturday Breakfast! Only \$10 per person.  
*Simply add \$10 per ticket to your total [the \$10 ticket includes both Appetizers AND Breakfast].*

Location: Oxford Suites, 2035 Business Lane, Chico

**Check enclosed # \_\_\_\_\_ Amount: \_\_\_\_\_**  
Please make check payable to: **Communication Consultants**

**Visa / Mastercard** [circle one]

Name on Card: \_\_\_\_\_  
Billing address of card statement: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date MM/YY: \_\_\_\_\_  
3-Digit Security Code on back of card: \_\_\_\_\_

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

[A credit card receipt will be mailed to you for your records.]