

Beverly J. Matthews, MS, LPC
Registration Form

Name:

Mailing Address:

Cell Number:

Email:

Please Use PayPal when possible and send to bejoiful@gmail.com

Credit Card information info (if not using PayPal):

Number:

Expiration Date:

CVV Code:

Billing Zip Code:

If paying by credit card, please fax this form to Beverly Matthews at 770-648-5643 or email to bejoiful@yahoo.com.

If paying by check, please mail registration form and check to:

**Beverly Matthews, MS, LPC
Atlanta Center for Wellness
6100 Lake Forrest Drive, Suite 450
Sandy Springs, GA 30328**

Signature:

Given the nature of this work, when you commit to a workshop or class this commitment is to yourself as well as to other members of the group. In the spirit of helping you with this aspect of your personal growth, refunds will be provided only for cancellations made 30 days or more before the start of the event.