

# ANGER MANAGEMENT SEMINAR

*Please complete information below*

*Please note that the name and title you give here will be printed on your badge & the participants' list.*

Date: April 23, 2016 Time: 10:00am – 2:00pm

Venue: 2012 Eastview Parkway Ste. 400 Conyers, Ga. 30013

## 1. Participants information

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

Title: \_\_\_\_\_  Rev.  Dr.  other: \_\_\_\_\_  Mr.  Ms.  Mrs.

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone:\_(Home)\_\_\_\_\_ (Cell)\_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. Registration

Registration fees include tea/coffee, lunch, registration materials & certificate.

Fee 1	Individual Rate	\$50.00	
Fee 2	Group Rate (3 or more)	\$40.00	

\*Group rate (3 or More Persons Registering Together)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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