



THE EAST COBB CENTER FOR THERAPY

WORKSHOP REGISTRATION FORM

Complete for each registrant – Copy as needed

Fax to: 770.993.8004 or mail to: Body Matters
3855 Shallowford Road, Ste 420, Marietta, GA 30062

NUMBER OF ATTENDEES FOR THIS REGISTRATION _____
CONTACT INFORMATION REQUIRED *

Name* _____

E-mail* _____

Address* _____

City* _____ State* _____ Zip* _____

Phone* _____

How did you hear about this workshop? _____

PAYMENT REQUIRED FOR REGISTRATION
Check or Credit Card **MUST** accompany registration form.

Price _____ X Quantity _____ = Total _____

Check enclosed, Payable to East Cobb Center for Therapy

Visa MC Discover

Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Security Code: _____