



# Life Christian Counseling Network, LLC

Clinical Excellence from a Christian Foundation

## Registration Form for Trauma Workshop May 21 – 22<sup>nd</sup>, 2010

Name & Credentials \_\_\_\_\_

Address \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(home) \_\_\_\_\_

Email \_\_\_\_\_

Please add me to your newsletter

Organization \_\_\_\_\_

Position \_\_\_\_\_

How did you hear about this event?  
\_\_\_\_\_

\$150       \$90 LCCN Counselor or Network member       \$25 Student at \_\_\_\_\_

Check enclosed. To pay by credit card visit us on line.

### Mail to:

**Life Christian Counseling Network  
3102 Floral Park Rd.  
Clinton, MD 20735**

**Office: 301-292-2778**

or fax to 301-292-0275 or email to [info@LifeChristianCounseling.com](mailto:info@LifeChristianCounseling.com)

or register online at [www.LifeChristianCounseling.com](http://www.LifeChristianCounseling.com)