

Register online at <https://labyrinth-training.eventbrite.com> or

1. Download the form below
2. Complete information
3. Return the form via fax, mail or email

TRAINING: Labyrinths: A Treatment Modality for Trauma

DATE: April 17, 2020

Registration Information

Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Registration Fees

\$75 Early Registration (until 3/31/20)

\$100 Regular Registration (4/1/20 - 4/16/20)

Method of Payment

If Paying by Check:

Make Check payable to Pinnacle Behavioral Health, Inc and mail this registration form and the check to the following address:

Pinnacle Behavioral Health, Inc.
Attn: Clinical Director Penny Baker
4812 Commercial DR NW
Huntsville, AL 35816

If Paying by Credit Card:

Please complete the following information and mail back or fax to 256-518-9941. You also may scan and email this form to pbaker@pinnacleprograms.com

I authorize Pinnacle Behavioral Health, Inc. to charge the card below in the amount of \$ _____

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Cardholder's Name (please print name): _____

Credit Card Number: _____

Credit Card Exp. Date: _____ CVC Code _____

Cardholder Signature: _____ Date: _____

Mailed registrations must be postmarked by the date appropriate to the registration fee paid. Registering for any event, regardless of payment method, demonstrates an agreement to all terms and conditions, which are listed on the following page.