

REGISTRATION FORM - Whole Brain Child Series

Class: The Whole Brain Child Series

Date: Six Mondays, October 2, 9, 16, 23, 30, Nov 6

GENERAL INFORMATION

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

Address: \_\_\_\_\_  
Street Address, City, State, Zip Code

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Due: \_\_\_\_\_ \$360 (couple) \_\_\_\_\_ \$220 (individuals)

Payment Method: check enclosed or credit card

Mail this form to:

Insight Learning & Wellness Center LLC  
25901 Emery Rd. #112, Cleveland, OH 44128

CREDIT CARD PAYMENTS:

By completing the information below, I authorize payment:

Type of Card: MC/VISA/AMEX/OTHER

Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

How I heard about this class/workshop: \_\_\_\_\_