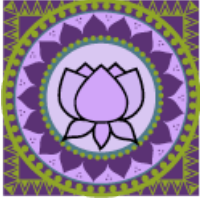


Paradigm Counseling: Workshop Registration Form

Name:	
Street address:	
City:	
State & Zip code:	
Home number:	()
Cell phone:	()
Email:	
Name of Workshop:	
Workshop dates:	Day: Time:

Do you have any learning impairments that may require special accommodations?	Y	N
Are you currently in therapy or counseling?	Y	N
Please indicate any special needs you may have during this workshop:		



Paradigm Counseling: Workshop Registration Form

Emergency Contact Information:

Name:	
Street address:	
City:	
State & Zip code:	
Phone number:	()

Signature:	Date:
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Please make checks payable to Sue Ann Birdwell. Please mail your completed registration form, along with your payment to:

Sue Ann Birdwell
Paradigm Counseling
11416 Slater Ave NE Suite 203A
Kirkland, WA 98033