

Beverly J. Matthews, MS, LPC
Registration Form

Group/Workshop Title:

Your Name:

Address (include zip code):

Cell Number:

Email Address:

Payment Options: PayPal_____ Credit Card_____ Check_____

Credit Card Information:

Number:

Exp. Date:

CVV:

Billing Zip Code:

PayPal email:

Amount to be charged:

Signature:

Please email this form to bejoiful@gmail.com or mail to:

***Beverly Matthews, MS, LPC
Atlanta Center for Wellness
6100 Lake Forrest Drive, Suite 450
Sandy Springs, GA 30328***