

Participant Information

Name: _____ Address: _____

Date of Birth: _____ Phone number: _____ Email: _____

Group(s) you are registering for:

Groups: <i>Children, Teens, Emerging Adult</i>	Group Leader	8 sessions
<input type="checkbox"/> Adolescent DBT (12 – 18 years old): 8 sessions Introduction to Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness . Name of participant & age _____	Ashley, LAMFT Online Starting April 1st, 2024	\$350 60 minutes per week/8weeks Mondays 5:00pm-6:00pm

Groups: <i>Adults</i>	Group Leader	4 sessions
<input type="checkbox"/> Adult Level 2: 4 sessions Participant has completed all three of Level 1 groups at least one time. Name of participant: _____	Ashley, LAMFT Online Starting March 27 th , 2024	\$200 (\$60 single session rate) Open Group 90 minutes sessions, bi-weekly (4 sessions over 8 weeks) Every other Wednesday 6 – 7:30pm

Groups: <i>Adults</i>	Group Leader	8 sessions
<input type="checkbox"/> Adult Level 1: 8 sessions Introduction to Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness . Name of participant: _____	Bradley, LAMFT Emily, Intern Online Starting March 27 th , 2024	\$400 (\$60 single session rate) Open Group 90 minutes per week Wednesdays 5:30 – 7:00pm

Total Cost: _____

Signature of Client (or responsible party) _____

Date: _____



If you do not already have a credit card on file, please complete this form with your registration.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ VVS Code: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Email that is associated with the owner of this credit card:
