

Participant Information

Name: _____ Date of Birth: _____ Phone number: _____

Address: _____ Email: _____

Check group(s) you are registering for:

Groups: <i>Children, Teens, Emerging Adult</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adolescent DBT (12 – 18 years old): 8 sessions Introduction to Emotional Regulation	Ashley, LAMFT Online Starting Oct 30th, 2024	\$350 (\$60 single session rate) 60 minutes per week/8weeks Wednesdays 5:00pm – 6:00pm
<input type="checkbox"/> Early Adult DBT (18-25 years old): 8 sessions Introduction and review of skills	Emily, LAMFT-T Karysa, Intern Online Starting Oct 10th, 2024	\$350 (\$60 single session rate) 60 minutes per week/8 weeks Thursdays 5:30pm – 6:30pm

Groups: <i>Adults</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adult Level 1: Beginner 8 sessions Introduction to Interpersonal Effectiveness	Bradley, LAMFT Karysa, intern Online Starting Oct 30th, 2024	\$400 (\$60 single session rate) Open Group 90 minutes per week Wednesdays 5:30 – 7:00pm

Signature: _____

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 associated with owner of this card: _____