



**The Enneagram as Counseling Tool: An Introduction  
August 25, 2008 - Greensboro**

**REGISTRATION FORM**

***Please print or write CLEARLY! (or attach a business card)***

Name & Credentials: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

eMail: \_\_\_\_\_

**Fee: \$30 – LPCANC Members    \$60 – Non-Members**

**Amount Paid:** \_\_\_\_\_

**Payment Options:**

Cash     Check (payable to LPCANC) or Credit Card     MasterCard     Visa

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

*Billing Address (If different from above)*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please mail or fax to:

LPCANC  
c/o Mariner Management  
PO Box 1046  
Laurel, MD 20725-1046  
Phone/Fax: 888-287-1403