

MICHAEL BARNETT, LPC

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Instructions

- 1) Print this form out, complete the registration information, and indicate which event(s) that you are registering for. **Make your checks Payable to Michael Barnett** Mail these to the above address.

Registrant Information:

Name _____

Professional Affiliation _____

Street Address _____

City _____ State/Province _____

Postal Code/ZIP _____ Phone _____

Email _____

For new participants, please be sure to use your professional address as this information will be the basis for your EFT listing.

EVENTS

EFT Externship (date: _____)\$ _____

EFT Core Skills Training (date: _____)\$ _____

TOTAL\$ _____

You will be registered for each event upon receipt of payment