

# Life Educational Counseling Center

7702 FM 1960 E., Suite 114, Humble, TX 77346

Office: 281-812-0783 • Email: contact@LECounseling.com • Website: www.LECounseling.com

## Registration Form

Please complete registration form and email or fax to our office.

Please PRINT legibly and fill in all blanks accordingly.

Date: \_\_\_\_\_

First Name

Middle Initial

Last Name

Street Address

City

State

ZIP Code

Home Phone #

Work #

Cell #

Personal Email address

Work Email address

**Workshops:** Please  the course(s) you will attend.

**VL - Victorious Living Program for Women Only**

**Topic:** Breaking Self-defeating Choices!

**Date:** Mondays, January 25 -March 22, 2010 (9 week program)

**Time:** 6:30 PM - 8 PM

**Fee:** \$325 (equivalent to \$25 per 1 hr session (payment plan available))

**Facilitators:** Liz Childress and Rebecca Rubio

**Contact:** Liz Childress (281)812-0783 Ext.300 Contact@LECounseling.com

**CM - 180 Degrees Coaching for Men**

**Topic:** Addressing men's issues and offering practical solutions

**Dates:** 1st and 3rd Saturday of each month

**Time:** 9 AM-10 AM

**Fee:** \$25

**Coach:** Danny Childress, BCBT

**Contact:** (713) 515-6399 cell; or contact his wife Liz at (281) 812-0783 Ext.300 ontact@LECounseling.com

**LR – Life Recovery, support and accountability Group**

**Topic:** Addressing roots, triggers and offering Biblical solution

**Date:** 1st and 3rd Thursday of each Month

**Time:** 7 PM-8 PM

**Fee:** \$25

**Facilitators:** Liz Childress, BCCC, BCBT

**Contact:** Liz (281) 812-0783 Ext.300 Contact@LECounseling.com

**Payment Method:**

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ On-line \$ \_\_\_\_\_ Date of payment: \_\_\_\_/\_\_\_\_/\_\_\_\_  MC  VISA

**Note:** If writing a check, please make payment to the order of **LEC**. Please note **course name** of choice on **Memo** line of your check.

**Exact Credit Card Billing Name and Address** (if different from above):

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Holder: \_\_\_\_\_ **Authorization Signature:** \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**In Office Use**

Fee collected by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_