

Registration Form

You may register on-line at
www.psycheval.com

Name: _____

Title: _____

Department: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

No. of Registrants: _____

Payment information:

Tuition is waived; we have used your services in the
past 12 months

Check enclosed

Credit Card: Visa—MasterCard

Card number: _____

Expiration Date: _____ / _____

Date: Friday, June 23, 2006 Time: 8:30 a.m.— 4:30 p.m.

604 Parkside Professional Center
825 South Eighth Street
Minneapolis, Minnesota 55404

Workshop tuition: \$125; \$95 for two or more persons from the same organization;

*Tuition is waived for departments who have used our services in past 12 months;

*All tuition costs will be credited towards any services purchased in the next 12 months.

Please fax to 612-333-6740 or mail to:

Gary L. Fischler & Associates, P.A.
604 Parkside Professional Building
825 South Eighth Street
Minneapolis, Minnesota 55404

For questions or to register by phone or e-mail:

Local: 612-333-3825 Toll Free: 877-370-7309

info@psycheval.com