



COPY & MAIL TO: Parents Toolshop Consulting, Ltd.,

P.O. Box 343, Springboro, OH 45066

FAX TO: (credit card) 937-748-4620 ~

CALL (credit card/book pick up) 937-748-4541

PAY ON-LINE: <http://www.parentstoolshop.com/HTML/SecretRecipeRegister.htm>

The Secret Recipe for Parenting Success

The Top Ten Ingredients for Skillfully Handling ANY Parenting Challenge

Co-sponsored by Parents Toolshop Consulting, Ltd. & Kettering Behavioral Medicine Center

PLEASE PRINT:

Name of Participant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

#	Class fee: \$20 per session (Check sessions you want to attend or # of people attending that session.)	Price	Total
6/16/08	Blended or Tossed? Which Is Your Parenting Style?	\$20.00	_____
6/23/08	The “No-longer Secret” Recipe for Preventing and Resolving Problems.	\$20.00	_____
7/07/08	Nutritious Appetizers That Boost Self-esteem and Avoid Obese Egos.	\$20.00	_____
7/14/08	Get Cooperation Without Squeezing the Juice out of Kids!	\$20.00	_____
7/21/08	Serve Up Some Wings So Children Can Leave The Nest	\$20.00	_____
7/28/08	Children’s Menu: How to Really Listen to Your Child.	\$20.00	_____
8/04/08	Tame the Fire of Anger & Stress — Before You Get Burned.	\$20.00	_____
8/11/08	The Kitchen Stinks! Cut off “PU” Misbehavior Before You Get “PO’d.”	\$20.00	_____
8/18/08	Take the Bite out of Discipline!	\$20.00	_____
8/25/08	Brainstorming Buffet (& Family Councils)	\$20.00	_____
Discounts:			
	Register for all 10 sessions (-10%)	\$180.00	_____
	KHN discount (50% off: \$90/series or \$10/session)	-50%	_____
	Group Discount: 4+ people registering at same time* ~ 20% per session per person (Please indicate names above)		_____
		TOTAL	_____

Method of Payment:

Check or money order payable to “Parents Toolshop Consulting” Check # _____ PO# _____

Credit Card: (Visa/MasterCard/Discover/Novus) Name on card: _____

Billing address (if different from above) _____

Credit Card # _____ Last 3 #s on back of card: _____ Exp. Date (mo/yr): _____

Signature (if using Purchase Order or mailing/faxing): _____

Refund policy: 30+ days advance = 100% refund. 15-29 days = 50% refund. 7-14 days = 25% refund. 2-6 days = 10% refund. 2 days or less = no refund.