



COPY & MAIL TO: Parents Toolshop Consulting, Ltd.
 P.O. Box 343 ~ Springboro, OH 45066
FAX TO: (credit card orders) 937-748-4620
CALL (credit card orders) 937-748-4541
ON-LINE: <http://www.parentstoolshop.com/HTML/SiblingsRegister.htm>

Preventing and Solving Sibling Conflicts Registration Form

2 Thursday evenings, November 6 and 13, 2008 - 6:00pm to 8:00pm

Access For Youth, 1320 Woodman Dr., Dayton, OH 45432

(directions at: <http://tinyurl.com/39bj93>)

CONTACT INFORMATION (please print)

Name of Participant(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Fax: _____
 E-mail: _____
 How old are your children? Tot (1-5) Tween (6-11) Teen (12-18)

CLASS FEE (\$20/hr -choose ONE)	Price	#	Total
Individual (8-week program/16 hrs.)	\$80.00		_____
<i>Discount: Toolshop® Graduate (50%)</i>	\$40.00		_____
Couples (1/2 off spouse from same household)	\$120.00		_____
<i>Discount: Toolshop® Graduate (50%)</i>	\$60.00		_____
	TOTAL		_____

METHOD OF PAYMENT

MAIL: Check or money order payable to “Parents Toolshop Consulting” Check # _____
 FAX: Credit Card: (Visa/MasterCard/Discover/Novus) Name on card: _____
 Billing address (if different from above) _____
 Credit Card # _____
 Last 3 #s on back of card: _____ Expiration Date (mo/yr): _____
 Signature (if 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