



**COPY & MAIL TO:** Parents Toolshop Consulting, Ltd.  
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**FAX TO:** (credit card orders) 937-748-4620  
**CALL** (credit card orders/book pick up) 937-748-4541  
**ON-LINE:** <http://www.parentstoolshop.com/HTML/ClassRegister.htm>

## Inner Secrets for a Stress-Free Life Class Registration Form

6 Mondays, February 22 through March 29, 2010 - 6:00 to 9:00p.m.  
 Administrative Support Building (Kettering Health Network)  
 2110 Leiter Rd Miamisburg OH - Conference Room A

**PLEASE PRINT:**

Name of Participant(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

Class fee: (Choose ONE)	Price	#	Total
<b>INDIVIDUAL</b> (All fees include \$200 worth of materials) . . . . .	\$275.00		_____
<i>Discount:</i> KHN staff/clients, AFY foster parents, Toolshop Graduate (50% off) . . . . .	\$137.50		_____
<b>COUPLES</b> (1/2 off spouse from same household) . . . . .	\$412.50		_____
<i>Discount:</i> Toolshop Graduate COUPLE (50% off) . . . . .	\$206.25		_____
<b>CEU or GROUP</b> 30% discount (Groups = 4+ registrations at once, specify # in quantity). List Names of participants on "name" line above	\$192.50		_____
** Some handouts will be provided by e-mail with links to download and print yourself. <b>Need the handouts in print &amp; mailed to you?</b> Add	\$50.00		_____
	<b>TOTAL</b>		_____

**Method of Payment:**

Check or money order payable to "Parents Toolshop Consulting" Check # \_\_\_\_\_  
 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): \_\_\_\_\_

Comments/Special Delivery Information: \_\_\_\_\_