

## REGISTRATION

**To Register by Mail:** Fill out this card and mail according to the directions below.

\_\_\_\_\_ Small Group \$65 per person  
\_\_\_\_\_ Number Attending

\_\_\_\_\_ Private Phone Session \$250

\_\_\_\_\_ Private Group of Two \$400

**Make Check Payable To:** Extreme Communication

**Mail To:** Extreme Communication  
PO Box 636  
Mt. Laurel, NJ 08054

Please enter your request date: \_\_\_\_\_

In the event your requested date is not available please fill out the below. I try to select a date that will accommodate your schedule.

### **Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

Email: \_\_\_\_\_