

**ESPYR Continuing Education Registration Form:
Motivational Interviewing, June 8, 2018**

Please complete this workshop registration and mail or fax it with payment to:

Espyr
Attn: Network and Provider Relations Dept.
1850 Parkway Place, Suite 700
Marietta GA 30067
eFax: 678-384-3844

Last Name: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best Phone: (____) _____ Email: _____

Profession: _____ Professional License #: _____

Please enclose full payment with registration form. Check method of payment.

_____ Check for \$: _____ (make payable to *Espyr*)

_____ Charge the amount of \$ _____ to my MC _____ VISA _____

Credit card # _____ Exp. date: _____ (MM/YY) CVV: _____

Billing name: _____ Address _____ City _____ State: _____ Zip: _____

Signature: _____

Cancellation Policy: Requests for cancellation must be received in writing at providerrelations@espyr.com two (2) days prior to the event. Please allow up to 30 days for refund processing.

ESPYR
1850 Parkway Place, Suite 700
Marietta, GA 30067
800-522-1073
eFax: 678-384-3844