

CEU Registration Form

Please complete the form below and mail your registration along with a check or money order for the total amount of the workshops that you wish to attend. Once your registration and payment has been received we will email or mail (if no email provided) a receipt along with instructions for the day of the workshop.

Name: _____

Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Company/Organization (optional): _____

- Are you a...** Licensed Social Worker Licensed Professional Counselor
 Psychologist Case Worker Certified Addiction Counselor
 Other: _____

Workshop Date/Topic Selection:

Write in Workshop(s) and Date	Cost per workshop
TOTAL AMOUNT ENCLOSED	\$ <input style="width: 80px;" type="text"/>

Please make checks payable to Optimal Life Solutions, LLC

Three ways to register!
ONLINE: www.marylandceu.com
PHONE: Call 301-539-9355
MAIL: Send this form and payment made out to
Optimal Life Solutions, LLC
PO Box 34161, Bethesda, MD 20827