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The Get Permission Approach to Anxious Eaters/Anxious Mealtimes

February 7th – February 8th, 2020 • Raleigh, NC

Parent and Student Registration Form

Please note, this is the Parent and Student Registration Form. If you have any questions on how to register, please contact our office at 919-844-1100 or office@pediatricpossibilities.com. Please complete the following:

Full Name: _____
First Name Last Name

Address: _____
Street Address Street Address Line 2

City State Postal/Zip Code

Email: _____
A receipt of registration and payment will be sent to this email

Phone Number: _____ - _____
Area Code Phone Number

Registration Fees:

_____ Discounted Parent Rate (\$300/registrant)

Companion Book:

_____ Anxious Eaters, Anxious Mealtimes (\$24.99 each)
(Pre-order your copy of the Presenter's NEW book. Only available for purchase with registration. Books will not be available for purchase at the course.)

Mail Payment and Registration Form to:
Pediatric Possibilities
7209 Creedmoor Rd. Suite 101
Raleigh, NC 27613

Total Payment Included: \$ _____

Checks can be made payable to: *Pediatric Possibilities*

Note: Please include "Feeding Conference" on the check memo line.

You will receive an email confirmation once we process your registration and payment. Thank you!