

**Private Practice Consultation Group Registration From:**

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card via paypal

Payment Amount (A minimum deposit of half of the four week total is required to start the group):  
\_\_\_\_\_

Group Start Date: \_\_\_\_\_

Please note if paying with a credit card, go to the payment option on my website.

Make Checks payable to: Latasha Matthews

Registration form can be faxed, mailed or emailed:

Latasha Matthews

IllumiNation Counseling and Coaching, LLC

Attention: Latasha Matthews

1840 Old Norcross Road Ste 200

Lawrenceville, Georgia 30044

Latasha@illuminationcc.comn

fax: 678-278-1350