7209 Creedmoor Rd. Suite 101
Raleigh, NC 27613
Office 919.844.1100 • Fax 919.844.1102
Office@PediatricPossibilites.com



211 West Matthews St. Suite 106
Matthews, NC 28105
Office 980.245.2340 • Fax 980.245.2333
Matthews@PediatricPossibilities.com

Raleigh, NC 27613

## The Get Permission Approach to Anxious Eaters/Anxious Mealtimes

February 7<sup>th</sup> – February 8<sup>th</sup>, 2020 • Raleigh, NC

## **Individual Registration Form**

This is the Individual Registration Form. A reduced registration fee of \$395 is available until January 10. After January 10, the standard rate of \$425 applies. Please note, if you would like to register as a group (3 or more people), please visit www.PediatricPossibilities.com. Please complete the following:

Full Name:			
First Name	Last Name		
Address:			
Street Address		Street Address Line 2	
		D1-1/7:- O- 1-	
City	State	Postal/Zip Code	
Email:			
A receipt of registration and p	ayment will be sent to th	is email	
Phone Number: Ph			
Area Code Ph	one Number		
Profession:			
Profession:i.e. occupational therap	oist, psychologist, parent	, etc.	
Organization:Name of company or o	organization you work for	r (if applicable)	
Registration Fees:			
Early Bird (\$395/registrant	– only available until .	lanuary 10 <sup>th</sup> )	
Standard (\$425/registrant)	orny available armine	aridary 10 )	
, ,			
Companion Book:			
Anxious Eaters, Anxious Me	altimes (\$24.99 each)		
	,		hase with registration. Books will not be
available for purchase at the course	e.)		
Total Payment Included: \$			Mail Payment and Registration Form to:
Total Fayillelli Illoluueu. 5	<del></del>		Pediatric Possibilities
Checks can be made payable to:			7209 Creedmoor Rd. Suite 101
Pediatric Possibilities			Poloigh NC 27612

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!