

Bloomers Workshops Registration Form

Name: _____

Address: _____

Telephone: Home _____

Cell _____

e-mail: _____

Workshops I wish to attend: #1, Sunday, March 4th, 2-5pm _____
#2, Sunday, March 25th, 2-5pm _____

(both held at CCCG main office conference room, same address as below)

Enclosed is payment, \$20 for one workshop or \$35 for both.

Please mail this form with payment enclosed to:

Care and Counseling Center of Georgia, Att'n Jackie Barker
1814 Clairmont Rd
Decatur, GA 30033