

CARE AND  
COUNSELING  
CENTER of  
Georgia

Support CCCG by making a donation according to your means, and we can guarantee you that your contribution will change a life. On behalf of the counselors, students and staff, thank you for making a difference!

Please send your gift in the form of a check or money order made payable to CCCG. Your gift is a tax deductible contribution. Thank you for your generous donation!

### Workshop Location:

**The Episcopal Cathedral of St. Philip**

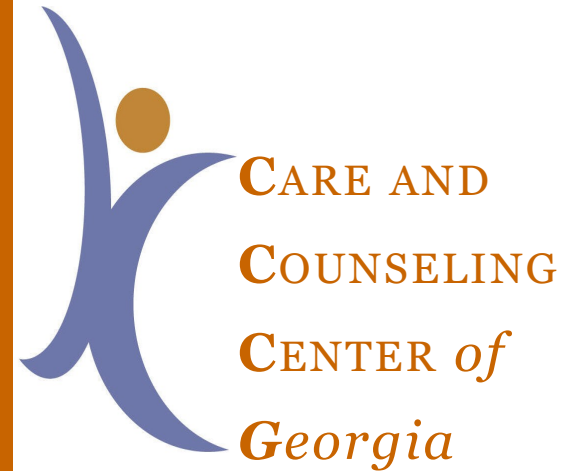
2744 Peachtree Road NW  
Atlanta, GA 30305, Room 381

### CCCG Main Office:

1814 Clairmont Road  
Decatur, GA 30033

**(404) 636-1457**

**[www.cccgeorgia.org](http://www.cccgeorgia.org)**



CARE AND  
COUNSELING  
CENTER of  
Georgia

## Premarital Workshop

*“preparation for life together”*



Cathedral Counseling Center

*in partnership with*

**The Cathedral of St. Philip**

*Clinically Competent*

*Spiritually Aware*

*OFFERING HEALING, WHOLENESS AND  
HOPE TO THOSE IN NEED AND EDUCAT-  
ING OTHERS FOR THIS SERVICE*



CARE AND COUNSELING CENTER of Georgia

Attn: Registrar

1814 Clairmont Road  
Decatur, GA 30033

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## PURPOSE

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The Premarital Workshop originated in 1985 as a ministry of The Cathedral of St. Philip. Over the past twenty-five years, nearly 3,000 couples have made use of the insights gained from this workshop to strengthen their relationships and prepare for the challenges of marriage and family life. The workshop is open to members of all denominations. Research has shown that couples who participate in premarital education have more realistic expectations, handle conflict better and have improved communication skills. This workshop will introduce you to a number of useful tools and skills to get you off to a great start. Make an investment today that will pay dividends in the future.

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## WHEN

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All workshops are held from 9:00 AM to 4:00 PM (Lunch is on your own)

### 2011 Dates

Sat. September 10<sup>th</sup>      Sat. October 15<sup>th</sup>  
Sat. November 12<sup>th</sup>      Sat. December 10<sup>th</sup>

### 2012 Dates

Sat. January 28<sup>th</sup>      Sat. February 18<sup>th</sup>  
Sat. March 17<sup>th</sup>      Sat. April 14<sup>th</sup>  
Sat. May 12<sup>th</sup>      Sat. June 9<sup>th</sup>  
Sat. July 14<sup>th</sup>      Sat. August 11<sup>th</sup>  
Sat. September 8<sup>th</sup>      Sat. October 20<sup>th</sup>  
Sat. November 17<sup>th</sup>      Sat. December 8<sup>th</sup>

**The Episcopal Cathedral of St. Philip**  
2744 Peachtree Road NW  
Atlanta, GA 30305, Room 381  
404-365-1000 or  
[www.stphilipscathedral.org](http://www.stphilipscathedral.org)

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## COST

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\$150\* per couple (includes a free one-year marital check-up – a \$125 value). Checks should be made payable to the Care and Counseling Center of Georgia (attn: Registrar) and should be mailed at least one week prior to the workshop to assure space.

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## WORKSHOP LEADER

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Doyle R. Hamilton III, D. Min., LMFT  
**Pastoral Counselor and Licensed  
Marriage and Family Therapist**

Doyle R. Hamilton has been with the Care and Counseling Center of Georgia since 2003 and the Verdery Center from 1988-2002. He is a Certified Pastoral Counselor (Fellow) in the American Association of Pastoral Counselors and Clinical Member of the American Association for Marriage and Family Therapy. He has extensive experience working with couples and leading workshops. For further information about the content, contact Dr. Hamilton.

(404) 636-1457 ext. 439  
[dhamilton@cccgeorgia.org](mailto:dhamilton@cccgeorgia.org)

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## HOW TO REGISTER

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Please return the registration form and payment to:

**CARE AND COUNSELING CENTER of Georgia**

Attn: Registrar  
1814 Clairmont Road  
Decatur, GA 30033  
(404) 636-1457, ext. 400, (404) 636-7449 (fax)  
[receptionist@cccgeorgia.org](mailto:receptionist@cccgeorgia.org)

## Registration Form

### Workshop

Premarital

**Time Price**  
9:00 am \$150.00

Bride \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Groom \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date of Wedding \_\_\_\_\_

Place of Wedding \_\_\_\_\_

**Please indicate the month you wish to attend the workshop:**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

### Method of Payment

Check

Visa

MasterCard

American Express

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_