

Please complete this form to register for the **HPN Neurogen training at Stone Mountain Counseling Center**

The dates of this training are November 21st-23rd 2014

First Name: _____

Last Name: _____

Email _____

Phone: _____

We can accept credit cards over the phone at (845) 658-8083 or via fax (see form this second page)

Please make checks payable to **Center for Symbolic Studies**.

Credit Card Form:

Please use fax (845)658-3874 to transmit credit card information:

Name/Billing Address: _____

Credit Card Number _____

Expiration Date: _____

CSV code on back _____

Or mail payment to:

**HPN-Neurogen training c/o CSS,
475 River Rd Ext. New Paltz, NY 12561**