

Vivien B. Deitz, LCSW-C, BCD
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No. Bethesda, MD 20852

Registration Form

Magical Journey of the Soul

Name: _____

Address: _____

Email: _____

Phone Day: _____ Phone Evening: _____

Title of seminar _____

Date of seminar _____

Please include your check for \$300 with this registration form to reserve your space in the seminar. Make your check payable to:

Vivien B. Deitz, LCSW-C

No refunds one week prior to the seminars

