

Registration Form

To register please print or type your information below and return registration form and fee to:

Name:

Address:

Home or Cell: _____ Work: _____

Email address:

Registration Fee: \$30.00 EACH DAY x # _____ OF DAYS *OR \$150 for all 46 hours*

Please specify the days you will be attending if NOT attending the entire program

Days attending: _____

Please Make Check or Money Order out to: PEEP's in Recovery