

2012 Counseling Class Registration Form

PLEASE PRINT

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Church: _____

Please check the class you are taking this session:

- Methods of Biblical Change, January 9th Monday @ 7pm
 Medical Issues in Counseling (6 week class) February 28th @7pm

Make checks out to Faith Bible Church:

Methods Class: \$75

Medical Issues Class: \$30

Audited Class†: \$30

†Audited classes do not count towards NANC certification.

For office use

Cost for class: \$75.00; Audit - \$30.00; Other (sponsored by other source)

Amount Paid: _____ check# _____ cash _____

Date Paid: _____

Member of Faith Bible Church: Yes () No ()

Class completed and all assignments turned in: Date: _____

Instructor Signature: _____