

Life Planning Seminar for Women



Seminar Registration Form

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Current Employer: _____

Position Title: _____

Education:

____ High School ____ Some College ____ Bachelor's Degree ____ Master's Degree ____ Doctorate

Course information:

Seven weeks – Tuesday evenings beginning March 13, 2012, through April 24, 2012

6:00 – 8:00 p.m.

\$255, which includes assessments and materials

Check # _____ MC Visa AMEX Discover

(Checks payable to Hollins University)

Cardholder Name _____

Card Number _____ Exp. Date _____

Signature _____

Billing address for credit card, if different from above:

Address

Zip Code

Return registration form with payment by March 6, 2012 to:

Hollins University
P. O. Box 9524
Roanoke, Virginia 24020

540-362-6609