

HOUSTONGALVESTONINSTITUTE

Therapy.Training.Consultation.Research

The Relationship Course Registration Form

Your Name: _____

Partner's Name: _____

Address: _____

City, State, Zip: _____

Phone # (Home): _____ (Cell): _____

Email: _____

Training Program & Dates _____

How did you hear about the training? _____

Payment Amount: \$60.00

Check # _____ or

Visa / MC / AMEX _____

Expiration Date _____ / _____ (mm/yy)

Authorization/Signature: _____

(You may also mail or call in your information if a fax or scanner is unavailable to you)

**We look forward to getting to know you both
and help you enhance your experience as a couple!**

Please fax to (713)528-2618 Attn: Stephanie Gabel

Please call (713)526-8390 if you have any questions!

Public Policy Statement

Cancellation: Fee is non-refundable unless a program is filled, canceled or the refund is requested one week prior to the training date(s). There is a \$25 administrative fee for all cancellations. **No Show:** The \$25 charge for a no show or cancellation can be credited to a later course date.