

## **COPING WITH SUBSTANCE ABUSE**

**Register by July 15, 2006**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

Childs Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Enclose check or money order\* payable to:**

**INNERVISION Christian Counseling, P.L.C.**

or, pay with credit card (MasterCard or VISA only)

Card # \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Mail to: INNERVISION Christian Counseling, P.L.C.  
Celeste Sue Benskey, M.A.  
340 N. Main STE 205  
Plymouth, MI 48170

**Mailed registrations will be confirmed by phone:**

**To register by phone, call (734) 454-0155**

**\*Non-refundable fee is transferable.**