

**THE RIVERVIEW COUNSELING CENTER**

[www.Riverviewcc.com](http://www.Riverviewcc.com)

# Registration Form

**For Workshops / Seminars or Programs**

**To register, complete the form below and return with the fee. Questions: 908-850-5778**

Please make checks payable to: Mary-Michael Levitt      Email: mary-michael@riverviewcc.com  
43 Powhatatan Way  
Hackettstown, NJ 07840

**Name of Event:** \_\_\_\_\_

Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please print**

Email Address: \_\_\_\_\_

## **SECOND ATTENDEE REGISTRATION**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please print**

Email Address: \_\_\_\_\_