HEISEL AND ASSOCIATES

Name: _____

License #: _____

Profession(s): ☐ Social Worker ☐ Counselor ☐ Psychologist ☐ Alcohol & Drug Counselor ☐ MFT

Address: _____

City/State/Zip: _____

Phone (Work): _____ Phone (Home): _____

Email: _____

Complete this registration form and send a check or credit card payment info to:

Heisel and Associates Inc.
7413 Miami Ave.
Cincinnati, Ohio 45243

Other ways to register and make payment:
Online: www.heiselandassoc.com
Phone: 513-271-3923

Pricing
1 workshop   / $139
2 or 3 workshops   / $124 each
4 workshops   / $115 each

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

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```
SELECT
    DISTINCT
        e.id AS id
        ,e.title AS title
        ,d.starttime AS starttime
        ,h.name AS hotel
        ,h.address AS address
        ,h.city AS city
        ,h.state AS state
        ,h.zipcode AS zipcode
        ,h.urlname AS urlname
    FROM
        hsl_events AS e
        ,hsl_events_locations AS el
        ,hsl_events_hotels AS h
        ,hsl_events_dates AS d
    WHERE
        e.status = 1
```

```
AND
  e.id = d.event_id
AND
  e.id = el.event_id
AND
  el.id = d.location_id
AND
  h.id = el.hotel_id
AND
  d.starttime >= 1713520356
AND
  h.urlname = 'gahanna-oh'
ORDER
BY
  d.starttime
ASC
```