

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.
10921 Reed Hartman Hwy, Ste 212
Cincinnati, Ohio 45242**

Other ways to register and make payment:

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