

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	/ \$119
2 or 3 workshops	/ \$109 each
4 workshops	/ \$99 each
5 workshops	/ \$89 each

Card Type: Visa Mastercard Discover AMEX

Name on Card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Signature: _____

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 >= 1560968986
  AND
    h.urlname = 'lexington-ky'
  ORDER
  BY
    d.starttime
  ASC

```