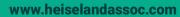




Name:	elor	: Alcohol & Drug Counselor	☐ MFT
City/State/Zip: Phone (Work): Phone (Home):			
Complete this registration form and send a check or credit card payment info to: Heisel and Associates Inc. 7413 Miami Ave. Cincinnati, Ohio 45243 Other ways to register and make payment: Online: www.heiselandassoc.com Phone: 513-271-3923			
Pricing 1 workshop / \$139 2 or 3 workshops / \$124 each 4 workshops / \$115 each	Card Type: Name on Card: Card Number: Exp. Date: Signature:	□ Visa □ Mastercard □	ode:
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_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 >= 1714135775 AND h.urlname = 'lexington-ky' ORDER ВУ d.starttime ASC