



Registration Form

Please print, complete and mail with payment to **Hearts and Minds**, PO Box 516,
Lexington, MA 02420

Title of Educational Program: _____

Date: _____

Circle One: Location _____ or Online

Name _____

Address City, State Zip

Phone Preferred Email

Goals (Optional). Please consider sharing three goals or expectations that you have for this educational program.

- 1.
- 2.
- 3.

Number Attending/Cost

(1) Individual/ \$ _____

(2) Couple/ \$ _____

Payment Method (circle one)

Check enclosed (payable to **Hearts and Minds, LLC**) or Credit Card: Visa MasterCard Discover

Card Number Expiration Date CVIP#

Cardholder's Name

Cardholder's signature

Refund policy. Payments are refundable up to 2 weeks prior to the day of the program. Within 2 weeks before the start of the program, refunds will include a cancellation fee of \$50 for an individual registration or \$100 for a couple's registration. Payments may be transferred to another Hearts and Minds workshop without penalty.