

CONTINUING EDUCATION REGISTRATION FORM

To register for CEUs, please print this form, complete it, and mail it along with payment to:

Montrose Counseling Center/CEU
401 Branard Street, 2nd Floor
Houston, TX 77006-5015

Title of Course: _____

Date/Time of Course: _____

Number of Course Hours: _____ x \$10 per hour for a total of \$_____ enclosed.

Payment in advance is requested.
Fee is \$10 more if paid on the day of training.

Name: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____ Email: _____

Personal/Business checks or money orders are accepted, made payable to Montrose Counseling Center.
If you would prefer to pay by either VISA or Mastercard, please fill out the section below:

Name on Card: _____

Credit Card Number: _____ VISA Mastercard

Expiration Date: _____ Security Code: _____

Signature: _____

The security code is the last three digits
in the signature strip on the back of the
credit card.