

Dr. Stress & Associates LLC

5840 Arndt Road – Suite 3, Eau Claire, WI 54701 Phone| 715-833-7111 Fax| 715-833-0454

Workshop Registration

(Individual Registration)

Sex Offenders: Risk Assessment, Supervision, and Treatment

Check	One Location:	
□ D €	argo, ND - 06/08/18 es Moines, IA - 07/13/18 fisconsin Dells, WI - 06/22/18 achorage, AK – 08/10/2018	Holiday Inn 3803 13 th Ave S. Fargo, ND 58103 Airport Holiday Inn 6111 Fleur Dr. Des Moines, IA 50321 Address: TBD Address: TBD
Name	e:	
Addr	ess:	
Phon	e number:	
Emai	l address:	
Fax n	number:	
Meth	od of receipt: □email □ posta	ll service □fax
Please	and send with your registration form Dr. Stress & Associates, LLC 5840 Arndt Road Suite 3 Eau Claire, WI 54701	
	Credit card authorization; please fill form to 715-833-0454 or send via po	in credit card information below and fax registration ostal service.
Card	Number:	
Name	e on Card:	
Billir	ng Address:	
Expiration Date:		Security Code:
Individ	Amount dual Registration Fee hture of Card Holder:	