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

Workshop Registration 1 of 2

(Must Submit with Friend's Registration)

Sex Offenders: Risk Assessment, Supervision, and Treatment

Check one Location to Attend with Friend:				
\square D	argo, ND - 06/08/18 es Moines, IA - 07/13/18 /isconsin Dells, WI - 06/22/18 nchorage, AK – 08/10/2018	Ai A	oliday Inn 3803 13 th Ave S. Fargo, ND 58103 rport Holiday Inn 6111 Fleur Dr. Des Moines, IA 50321 ddress: TBD ddress: TBD	
Nam	e:		Friend:	
Addı	ress:			
Phon	e number:			
Emai	il address:			
Fax 1	number:			
Meth	nod of receipt:	ıl se	ervice	
Please	e choose a method of payment: Business check enclosed; please ma and send with your registration form Dr. Stress & Associates, LLC 5840 Arndt Road Suite 3 Eau Claire, WI 54701		checks payable to: <i>Dr. Stress & Associates, LLC</i> .	
	Credit card authorization; please fill form to 715-833-0454 or send via per		credit card information below and fax registration l service.	
Card	Number:			
Nam	e on Card:			
Billi	ng Address:			
Expiration Date:			Security Code:	
Indivi	l Amount dual Registration Fee ature of Card Holder:			



Dr. Stress & Associates, LLC

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☐ Wisconsin Dells, WI - 06/22/18	Address: TBD
☐ Anchorage, AK – 08/10/2018	Address: TBD
Name:	Friend:
Address:	Titeld.
Phone number:	
Email address:	
Fax number:	
Method of receipt: □email □ posta	ıl service □fax
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 on Card:	
Billing Address:	
Expiration Date:	Security Code:
Total Amount Individual Registration Fee Signature of Card Holder:	•