

7 Childhood Treasures™ Circle
Registration Form

Please print and complete this registration form. Mail it with your check for \$300 (12 weeks X \$25) to: Dr. L. Carol Scott, PO Box 14, Bunker, MO 63629-0014.

First and Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime phone: _____ Evening phone: _____

Email address: _____

Select the circle you would like to join:

- Mondays, 11:00 AM to 12:30 PM
- Mondays, 4:00 to 5:30 PM
- Tuesdays, 7:00 to 8:30 AM
- Wednesdays, 8:00 to 9:30 PM

Dr. Scott will notify you of the starting date of your group and let you know how to join the conference call.

Cancellation/refund policy: Once your registration is received, a \$50 processing fee will be deducted from your refund if you cancel your participation prior to two weeks before the start of your selected *7 Childhood Treasures™ Circle* (\$250 refund). If you cancel within the two weeks before your selected *7 Childhood Treasures™ Circle of Support* begins, you will receive a 50 percent refund (\$150). If you cancel on or after the start date of the group, no refund can be made.

Please contact Dr. Scott at 573.689.2404 or at info@lcarolscott.com if you have any questions about your registration.