



NORTHERN VIRGINIA
INTEGRATIVE THERAPY CENTER
Connecting, Healing, Transforming Lives

Registration Form

Personal Information:

Full Name _____

Address _____

Email _____ Phone _____

Parent's Name (if registering for teen class) _____

Events and Classes:

Enter in the name of the classes that you would like to register for:

Online Registration

Complete this registration form and e-mail the form to Dr. Suzanne Nixon at DrSuzanne@novainTEGRATIVETHERAPYCENTER.COM. Online payment is accepted through PayPal, found on the Event Calendar page of <http://www.novainTEGRATIVETHERAPYCENTER.COM>

Alterative Registration

Mail the completed form and check, made out to Dr. Suzanne Nixon, to:
19415 Deerfield Avenue, Suite 307, Lansdowne, VA 20176

Policies

- Unless otherwise specified, sessions are limited to 8 participants.
- Refunds: 100% returned if cancelled one week prior to the seminar. 50% returned if cancelled 3 days prior. Cancellations thereafter, fee paid is forfeited.