

REGISTRATION FORM

Program	Length	Fee	Paid
*Adults with AD/HD Workshop	6 Sessions	\$160	
**Spouse with ADHD	(includes planner)		

Please indicate start date:

Checks: (banks accept _____ Amount due: _____
blue or black ink only)
payable to _____ Minus amount enclosed: _____
Bridge To Success Remaining balance: _____

PAYMENT:

Please indicate _____ Check # **CREDIT**
CARD
type of _____ Money (circle one)
payment _____ Order VISA MC

CC Account #: _____

Signature _____ Exp. Date _____

PARTICIPANT INFORMATION

Name: _____

Street Address: _____

City/State/Zip _____

Phone #s (indicate H-Home or W-Work or C-Cell) _____

E-mail (optional) _____

*Name: non-ADHD spouse/significant other attending

**Name of ADHD Spouse attending

Please mail Registration and payment to: BridgeTo
Success, 389 Seneca Ct., Avon Lake, OH 44012

Family Coaching is available by appointment