

Wellness Counseling Associates LLC
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REGISTRATION FORM
ANGER MANAGEMENT TRAINING

NAME: [Print] _____ Email: _____

ADDRESS: _____ ZIP: _____ Tel: _____

PROBATION OFFICER: _____ Email: _____

ATTORNEY: _____ Email _____

CLASS TUITION \$200
NEXT CLASS DATE

_____ **JUNE 8 & 9**

8:30 AM – 3:00 PM

MAIL REGISTRATION FORM TO: (With check or money order)

Wellness Counseling Associates LLC
P.O Box 6356
Lancaster, PA 17607

ADDITIONAL PROGRAM INFORMATION: Please visit the Wellness Counseling Associates LLC, Website: RWWCA.COM

CLASS LOCATION: WELLNESS COUNSELING ASSOCIATES, LLC
439 NORTH DUKE STREET,
LANCASTER. PA 17602

LUNCH: PIZZA PROVIDED

PLEASE SIGN

DATE