

Wellness Counseling Associates LLC
Richard Wheeler, LPC
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REGISTRATION FORM

ANGER MANAGEMENT PROGRAM

NAME: [Print Clearly] _____ Email: _____

ADDRESS: _____ ZIP: _____ Tel: _____

PROBATION OFFICER: _____ Email: _____

ATTORNEY: _____ Email _____

CLASS TUITION \$200 [LUNCH PROVIDED: PIZZA]

CLASS DATES

____ **AUGUST 22 & 23**

8:30 AM – 3:00 PM

____ **OCTOBER 3 & 4**

8:30 AM – 3:00 PM

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

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

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

PLEASE SIGN

DATE