



Lifestyle Management Solutions

Workshop Registration Form

Please **email** your registration to: LMS@ginacrome.com **no later than 7 days** prior to your workshop.

You will receive an e-mail confirmation and receipt after your registration has been processed.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

How did you hear about this program? _____

What is your weight loss goal? _____

Are you an "emotional eater?" yes/no (circle one)

Is there anything else you would like us to know? _____

Payment method (circle one): Cash Check Credit Card

If you wish to pay by cash or check, please have your payment available during workshop check-in. Note that we need to have this form completed by everyone regardless of payment method to ensure proper amount of materials are available onsite for all in attendance.

If you wish to pay by credit card, please include your information below:

Name on card: _____

Credit Card Type (Circle one): Visa MasterCard

Card Number: _____ Expiration Date: _____/_____/_____

Last 3 or 4 numbers from front/back of card (CVV2 code) _____

Billing Address & Zip Code: _____

Your signature below grants Lifestyle Management Solutions permission to charge your credit card in the amount of \$ _____.

Signature: _____ Date: _____/_____/_____