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**BUILDING YOUR HEALTHY MARRIAGE
REGISTRATION**

Groom's Legal First Name _____
Groom's Legal Last Name _____

Bride's Legal First Name _____
Bride's Legal Last Name _____

Names for Nametags: Groom _____
Bride _____

Groom's Address _____

Bride's Address _____

Email _____
Phone _____

Email _____
Phone _____

Date of wedding _____

(Note: Twogether in Texas Pre-Marital education must occur in the eight months prior to your wedding.)

Workshop cost: \$159 per couple, which includes box lunch on Saturday, snacks Friday and Saturday

Please indicate your sandwich preference:

Vegetarian Turkey Ham
 Vegetarian Turkey Ham

Payment Option: check (No. _____)
 MasterCard VISA

_____ phone _____
Card Holder name

_____ city _____ state _____ zip _____
Card Holder address

_____ Expiration Date _____
Credit Card Account Number

My signature authorizes Carolyn G, Maurer, PhD to make a one-time charge of \$159 to the above account.

_____ Date _____
Card Holder Signature

Please print, complete, and send to Dr. Maurer's confidential fax or mail listed above.