

**Daring Way™ Workshop**  
**New Life Counseling**  
**Payment Form**

**Date of Workshop** \_\_\_\_\_

Participant Name \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Email \_\_\_\_\_

**Payment**

☐ Cash enclosed for \$ \_\_\_\_\_

☐ Check enclosed for \$ \_\_\_\_\_

☐ Charge my credit card for \$ \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail in registration to:** New Life Counseling  
3737 Woodland Ave., Ste. 430  
West Des Moines, IA 50266

**Fax registration to:** 515-225-4016

**Email registration to:** [angiealisw@gmail.com](mailto:angiealisw@gmail.com)

**If you have questions, please contact Angie Appelgate, LISW, CDWF-C: 515-505-1903**

*Cancellations received at least five working days before the event are refundable by half per registrant. Please note that if you register and do not attend you are still liable for full payment*