



"Impacting the mind, body, spirit and soul "

P.O. Box 4071

Chester, VA 23831

www.btvconsultations.com

THE HEALING JOURNEY REGISTRATION FORM

(Please Print)

ATTENDEE FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NUMBER: _____

EMAIL: _____

PAYMENT SCHEDULE: Payment in Full of \$280
 Payment Plan (Security Deposit \$75
2 payments of \$69 & 1 payment of \$67)*

* Registrant agrees to make payments during week 3, 6 & 9.

Payments can either be made online at www.btvconsultations.com under the **Make A Payment** tab for **The Healing Journey** or via mail.

PAYMENT METHOD: (Circle) CHECK # _____
CASH VISA/MCCARD #: _____ EXP DATE: ____/____ (MM/YY)
SECURITY CODE: _____ ZIP CODE ASSOCIATED w/CARD _____
NAME ON CARD: _____

For additional info please call (804) 536-7232, or email:group@btvconsultations.com
Registration will be confirmed by email once payment is received. Please make checks payable to **BTV Consultations, PLLC**. Please **do not** mail cash. Your registration is guaranteed upon receipt of payment. **Refunds will not be given for failure to attend.**

If paying by credit card, by signing this form, you authorize your credit card number to be kept on file in a secured and locked location strictly for purposes of charging according to the Payment Schedule noted above. You further authorize Behind The Veil Consultations, PLLC to use the credit card information below to charge your credit card using the Square on-line system.