

# Register Now!

PLEASE COMPLETE ENTIRE FORM

RADical Healing, Inc.



Presented by Dr. Bruce Sogolow, LMHC

**6 CEU Credits** ~ Approved by cebroker

“Making the Shift to Connect:  
Where developmental Trauma  
& Attachment Wounding Meet”

**FRIDAY, MARCH 1: 8:30 a.m.-4:30 p.m.**

**MAIL TO:**

RADical Healing, Inc.  
2831 Ringling Blvd., Ste F123  
Sarasota, FL, 34237

**EMAIL:** [info@radicalhealing.org](mailto:info@radicalhealing.org)

**FAX:** 941-210-3742

NAME \_\_\_\_\_ PROFESSION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

DEPT/FLOOR/SUITE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL/HOME PHONE \_\_\_\_\_

DEPT. PHONE \_\_\_\_\_ XT. \_\_\_\_\_ EMAIL \_\_\_\_\_

*For your convenience, confirmations are sent via EMAIL.*

\*\*\*\*\*In

**INDICATE METHOD of PAYMENT: All registrations must be pre-paid.** (Please attach purchase orders)

Tuition with Course Handouts: \$149

Check Method of Payment:  MC  Visa  AE  Discover

Card # \_\_\_\_\_

Card Expiration \_\_\_\_\_ \*V-Code#: \_\_\_\_\_

(\* MC/VISA/Discover--last 3 digit # on signature panel on back of card)

(\*AmEx--4 digit # above account # on face of card)



**ADA NEEDS:**

WE WOULD BE HAPPY TO ACCOMMODATE YOUR ADA  
NEEDS: PLEASE CALL 941-429-2292 BY FEB 14!