

## Overcoming Anxiety

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Membership: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of People Registered \_\_\_\_\_ x \$20.00 per person = \$ \_\_\_\_\_ Total Enclosed

Master Card / Visa (Circle One) Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Mail Check to: Crossroads Counseling ♦ 3665 Wheeler Road, Suite 1B ♦ Augusta Georgia 30909

**Register On-line at: [www.crossroadsaugusta.org](http://www.crossroadsaugusta.org) Or by phone at: (706) 364-1270**

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