

Please complete then Fax to: DR. PENNINGTON at 866-553-5231 or mail to the address below.

I WOULD LIKE TO REGISTER FOR THE \_\_\_\_\_ GROUP

THAT IS HELD ON \_\_\_\_\_ DATES.

MY CHILD'S NAME IS \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

WORK PH. \_\_\_\_\_ HOME PH. \_\_\_\_\_

ENCLOSED IS MY DEPOSIT TO AYVP-LTD FOR \$270 TO HOLD MY PLACE.

**NOTE: Cancellations not made more than 30 days in advance forfeit 50% of the deposit. Cancellations made less than 15 days prior to the event forfeit 100% of the deposit.**

MAIL TO:

*Dr. Yvonne Pennington  
2760 Timberline Road  
Marietta GA 30062*

VIA FAX # 866-553-5231

Dr. Pennington accepts Visa and Mastercard:  
Please check which card you wish to use:

VISA \_\_\_\_\_ M/C \_\_\_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-Digit CID# on back: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD:  
\_\_\_\_\_

SIGNATURE:  
\_\_\_\_\_

DATE: \_\_\_\_\_

Yvonne V. Pennington, Ph.D.  
Phone: 404-255-6967

[yvonne@ypsychology.com](mailto:yvonne@ypsychology.com)