

Name: _____

License #: _____

Profession(s): Social Worker Counselor Psychologist Alcohol & Drug Counselor MFT

Address: _____

City/State/Zip: _____

Phone (Work): _____ Phone (Home): _____

Email: _____

Complete this registration form and send a check or credit card payment info to:

**Heisel and Associates Inc.
7413 Miami Ave.
Cincinnati, Ohio 45243**

Other ways to register and make payment:

**Online: www.heiselandassoc.com
Phone: 513-271-3923**

Pricing

1 workshop / \$139
2 or 3 workshops / \$124 each
4 workshops / \$115 each

Card Type: Visa Mastercard Discover AMEX

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Exp. Date: _____ Security Code: _____

Signature: _____

SELECT

DISTINCT

e.id AS id
,e.title AS title
,d.starttime AS starttime
,h.name AS hotel
,h.address AS address
,h.city AS city
,h.state AS state
,h.zipcode AS zipcode
,h.urlname AS urlname

FROM

hsl_events AS e
,hsl_events_locations AS el
,hsl_events_hotels AS h
,hsl_events_dates AS d

WHERE

e.status = 1

```
AND
  e.id = d.event_id
AND
  e.id = el.event_id
AND
  el.id = d.location_id
AND
  h.id = el.hotel_id
AND
  d.starttime >= 1720452114
AND
  h.urlname = 'cleveland-oh'
ORDER
BY
  d.starttime
ASC
```