



CENTER FOR DISCOVERY  
& ADOLESCENT CHANGE

*Nurturing change & assisting growth*

*Please list the event(s) you are interested in attending*

- \_\_\_\_\_
- \_\_\_\_\_

Name: \_\_\_\_\_ License: \_\_\_\_\_

Address 1:

Address 2:

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Type:     Credit Card (MasterCard/Visa)     Check     Cash

(if paying by credit card please complete the information below)

Credit Card Type:

Name on Card: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Card #:

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(if paying by check please complete the information below)

Check Number: \_\_\_\_\_ Amount of check: \$ \_\_\_\_\_

*Make checks payable to: Center for Discovery*

*Please send this form with payment type to:*

Center for Discovery  
C/O Adolescent Eating Disorders CEU Event  
4281 Katella Ave, Suite 111  
Los Alamitos, CA 90720