



Discover Your Destination • Choose Your Direction • Invite Traveling Companions

REGISTRATION BY FAX OR MAIL

Please complete this form and **FAX** to (303) 776-0253
Or **mail** to Hope in the Journey • 2101 Gay Street • Longmont, CO 80501

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Class Name: _____ Date: _____ Fee: _____

Class Name: _____ Date: _____ Fee: _____

Class Name: _____ Date: _____ Fee: _____

Total _____

Circle Method of Payment: Mastercard Visa Discover Make Check payable to Hope in the Journey

Card Number: _____ Expiration Date: _____

Circle one: Personal Credit Card Zip Code of credit card billing address _____
 Company Credit Card

Card Holder's Signature: _____

Enrollment is guaranteed when payment is received in full

Stacey Blank, MA, LPC, CACIII • (970) 381-1239
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