



# Family Eating Disorder Program

## Fed Up? Get FED

### Registration Form

**The Center for Balanced Living, Building M**  
**9:00 am -5:00 pm (Lunch included)**

DATE of Family Program (FED) for which you are registering: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

FREE Second Family member: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Additional members (\$15 each): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ E-mail \_\_\_\_\_

**I am a:**

- \_\_\_\_\_ Family/Friend (see sliding fee scale range below for cost)
- \_\_\_\_\_ Returning participant (I've attended at least once before) 50% off \$25-\$85 rates only
- \_\_\_\_\_ Counselor/Social worker seeking CEU credit (\$125/person for up to 8.0 CEU's)
- \_\_\_\_\_ License # \_\_\_\_\_ Credentials (LISW, etc) \_\_\_\_\_

Family/Friend Sliding Fee Scale: \$17.50 to \$85 for TWO people with lunch			
If joint income is	Discount	Fee	Check income level
Greater than or equal to \$ 75,000	0%	\$ 85.00	_____
\$70,000 to 74,999	10%	\$ 77.50	_____
\$65,000 to 69,999	20%	\$ 70.00	_____
\$60,000 to 64,999	30%	\$ 62.50	_____
\$55,000 to 59,999	40%	\$ 55.00	_____
\$50,000 to 54,999	50%	\$ 47.50	_____
\$45,000 to 49,999	60%	\$ 40.00	_____
\$40,000 to 44,999	70%	\$ 32.50	_____
\$30,000 to 39,999	80%	\$ 25.00	_____
\$29,999 and below	90%	\$ 17.50	_____

**Social Workers and Counselors: \$125/person for CEU credit.**

The Center is approved to offer Continuing Education Units by The Counselor, Social Worker & Marriage and Family Therapist Board, Provider #RCS110301. Attendees can earn up to 8.0 CEU's based on full participation and completion of required documentation. Pre registration required to receive CEU's.

Family/friend cost from chart above (includes 2 people) \$ \_\_\_\_\_  
 Additional family members/friends \_\_\_ x \$15 ea \$ \_\_\_\_\_  
 Professionals seeking CEU's \$125 ea \$ \_\_\_\_\_  
 Returning participants 50% off (\$25-\$85 rates only) \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Form of payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit card \_\_\_\_\_

Any special dietary needs? (vegetarian/ diabetic/allergies)  
 \_\_\_ NO \_\_\_ YES If yes, please specify below:  
 \_\_\_\_\_  
 \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Name on card \_\_\_\_\_

MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Signature: \_\_\_\_\_

**Make Checks Payable and send to:** The Center for Balanced Living, 445 E. Granville Rd., Bldg. N, Worthington, OH 43085

**How did you hear about the FED program?**

Web \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Newspaper \_\_\_\_\_ Flyer \_\_\_\_\_ The Center \_\_\_\_\_ Other \_\_\_\_\_

**Request for cancellation must be received in writing one week prior to the program date in order to receive 80% of payment. 20% processing fee will be retained. Any requests for a refund received after this date will not be granted.**