

# Rose Counseling

Stefanie L. Rose, MA, Licensed Marriage and Family Therapist  
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## Registration for Trauma Intensive

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

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Dates of Intensive: \_\_\_\_\_

Referred by: \_\_\_\_\_

Payment(s): \_\_\_\_\_

\_\_\_\_\_

Credit/debit card information:

Card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Code: \_\_\_\_\_ Zip code: \_\_\_\_\_