

"Thumb Class" Registration



Date Requested: _____

Class Requested: 4 CEU _____ 8 CEU _____

Amount Enclosed: _____

RSVP: Print page, complete application info, include check, mail to:

Shari Green, C.O.M.

4160 Illinois Route 83 - Suite 203 - Long Grove, Il. 60047

Application

Attendee Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Cellphone _____

For more info, contact Shari Green by phone @ 847-641-4444 or

You may email her at: thumblady@yahoo.com

Image of finger-sucking baby above courtesy of: Image Creator and FreeDigitalPhotos.net

