



# Generations

*A Family Place Inc.*

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## Shared Parenting Workshop Registration

*Complete this form and sign the workshop agreement. Mail them to: POBox 90941 Anchorage, Ak. 99509.*

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

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

Phone Numbers—Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Who referred you? \_\_\_\_\_ May I acknowledge the referral? Y \_\_\_ N \_\_\_

*Insurance may or may not cover the cost of the workshop. If you would like me to bill your insurance, please provide a copy of your insurance card and complete the information below.*

### **Insurance Information:**

Policy Holder's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's SSN \_\_\_\_\_ ID No. \_\_\_\_\_ Group No.: \_\_\_\_\_

### Workshop Schedule

The Workshop will take place on Saturday October 28<sup>th</sup> and Sunday October 29<sup>th</sup>.

*The workshops will begin promptly as scheduled. Please arrive 15 minutes early for registration so that we may begin on time.*

Saturday:

8:30 – 12:30 for Moms

1:30 – 5:30 for Dads

Sunday

8:30 – 12:30 for Dads

1:30 – 5:30 for Moms