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*Explore Your **Truth**, Find Your **Voice** at the Twin Cities Men's Center*

"Men Helping Men with Anger Management"

Registration Form

Date: _____

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

I am a current TCMC Member: Yes: _____ No: _____

Please register me for the next *Men Helping Men with Anger Management Class*:

____ Enclosed is my check / money order for \$315 full payment (\$295 for TCMC members).

____ Enclosed is my check for partial (down) payment for \$145 now (\$ remainder later).

Mail this form with payment made out to "TCMC":

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