

REGISTRATION FORM



Consulting & Educational Center of New York

Last Name _____ First Name _____

Sex _____ Birth Date _____ Marital Status _____ Referred by _____
M/F Mo/Day/Year SI / M / Se / D / W / DP

Address _____ Apt# _____

City _____ State _____ Zip _____ Country _____

Telephone: Home (_____) _____ Cell (_____) _____

Work (_____) **Email** _____

| WORKSHOP OF INTEREST: Please check (✓) the workshop or seminar of interest: | | | |
|--|--|---------|---|
| ✓ | CLASS | COST | POLICY (Read Thoroughly and Initial) |
| <input checked="" type="checkbox"/> | DISCOVERY | \$695 | <ul style="list-style-type: none"> A non-refundable deposit of \$300.00 is required to reserve your space in this workshop. In case of cancellation or postponing, a written request (original) MUST be received at least 30 days prior to workshop start date, otherwise total tuition is non-refundable and non-transferable. Upon receipt of written request, 1st \$200 of tuition is non-refundable, and the remaining deposit balance of \$100 is transferable only to the next scheduled workshop of same title. Upon start of workshop, total tuition is non-refundable. Tuition is <u>not</u> transferable to another individual. Workshop location subject to change. <p style="text-align: right;">Initial _____</p> |
| <input type="checkbox"/> | QUANTUM MASTERY | \$695 | |
| <input type="checkbox"/> | INNER CHILD | \$695 | |
| <input type="checkbox"/> | LEADERS JOURNEY (fee does not include Ropes Course) | \$1,295 | |
| <input type="checkbox"/> | RECLAIMING YOUR INNER CHILD | \$495 | |
| <input type="checkbox"/> | TRANSFORMATION | \$2,195 | <ul style="list-style-type: none"> A non-refundable deposit of \$500.00 is required to reserve your space in the Transformation Workshop. If deemed necessary, enrollment into Transformation workshop will be based upon personal interview. Total tuition is non-refundable and non-transferable. Upon start of workshop, total tuition is non-refundable. Tuition is <u>not</u> transferable to another individual at any point. Workshop location subject to change. <p style="text-align: right;">Initial _____</p> |
| <input type="checkbox"/> | OTHER | | Visit www.selfdiscover.org for a list of other workshops and Registration Forms |

PAYMENT AUTHORIZATION:

Enclosed is payment towards workshop of interest, as checked above:

Cash \$ _____ (**DO NOT** send cash by mail)

Check *** # _____ \$ _____

Driver License # _____ State _____

MasterCard Visa Discover AmEx Amount \$ _____

Card Holder's Name _____

_____ / _____
 Card Number Expiration Date 3 digit code

Billing Address _____

City _____ State _____ Zip _____

Card Holder's Signature _____

| FOR OFFICE USE ONLY | | | | | | |
|---------------------|-------------|--------|------------|-------------|--------|---------|
| Date | cash (✓) | Check# | cc Autho # | Amount Paid | Rcd By | Balance |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| | | | | \$ | | \$ |
| NOTES: | | | | | | |

***** RETURN CHECKS SUBJECT TO \$45.00 FEE *****
PRICE SUBJECT TO CHANGE WITHOUT NOTICE

AGREEMENT: I, the aforementioned, have thoroughly read and understand ALL **"POLICY"** information pertaining to the workshop of interest. I authorize Consulting & Educational Center of NY (CECNY) to charge my credit card for the specified charges. This authorization is to be held for CECNY's information only and will not be released to any unauthorized persons. I take full responsibility for participating in the entire duration of the workshop, as scheduled, and understand that failure to do so will result in discharge from the workshop without return and/or transfer of funds. I also understand that if necessary the Trainer holds the right to discharge me from the workshop without return and/or transfer of funds.

Signature _____ Date _____

APPLICANT'S LAST NAME _____ FIRST _____ DOB _____
Mo/Day/Year

ADDENDUM TO REGISTRATION

| | | |
|---------------------------------|---|-------------|
| WORKSHOP REGISTERED FOR: | <input type="checkbox"/> Inner Child | Date: _____ |
| | <input type="checkbox"/> Discovery | Date: _____ |
| | <input type="checkbox"/> Transformation | Date: _____ |
| | <input type="checkbox"/> Quantum Mastery | Date: _____ |
| | <input type="checkbox"/> Leaders Journey | Date: _____ |

I, the undersigned, hereby agree that all **PERSONAL, HEALTH**, and **MEDICAL** information remain the same as completed in my last workshop of attendance and that no changes have been incurred in relation to my personal, health and/or medical conditions.

By applying for the workshop selected above and/or on page 1 of the Registration Form, I, the undersigned, agree to the following:

Although the workshops/sessions conducted by Consulting and Educational Center of NY (CECNY) remains confidential by the trainer, there are some exceptions to this rule. If child abuse, abuse of an older person or dependent, suicide or homicide is suspected, CECNY is mandated by law to report any and all of these suspicions to the right authorities, without option.

I understand that this workshop is not rendered for individual's who need psychiatric attention. During the course of the workshop, if at anytime the trainer feels I am having an extreme emotional outburst due to psychiatric issues, I will be asked to remove myself from the training and seek appropriate medical attention.

I have personally read and understand the Agreement, have answered all of the above questions correctly and to the best of my knowledge, and take full responsibility for all my actions during the upcoming seminar/workshop. I am aware that the leaders and staff of the seminar/workshop are not in any way liable for any physical or emotional distress or damage that may be caused. I am attending this seminar/workshop at my own will.

X

SIGNATURE

Today's Date

PAYMENT AUTHORIZATION

Name of Applicant _____

Telephone (_____) _____

Driver License # _____ State _____

I authorize CONSULTING & EDUCATIONAL CENTER OF NEW YORK (CEC) to charge my credit card for the below-specified charges. This authorization is to be held for CEC's information only and will not be released to any unauthorized persons.

Workshop of interest: _____ Discovery Date of Workshop _____
 _____ Transformation
 _____ Leaders Journey
 _____ Mastery
 _____ Inner Child
 _____ Reclaiming Your Inner Child Group Sessions

Name of Cardholder _____
(please print)

Card Holder's Phone # (_____) _____

Credit Card Type *(circle one)*: Visa Mastercard Discover Other

Card Number: # _____

Expiration Date _____ / _____ 3 digit code as found on back of card _____

Amount Authorized: \$ _____

Card Holder's Signature **X** _____ Date _____