

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 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	(see separate form for POLICY details)
<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>
	Date of Workshop of Interest _____		
<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 **X** _____

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 (CEC NY) to charge my credit card for the specified charges. This authorization is to be held for CEC NY'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.

X _____
 Signature Date

Use additional paper, if necessary

PERSONAL INFORMATION (please print):

Employer _____ Occupation _____

In case of Emergency, contact _____ Relation _____

Telephone (_____) Address _____

HEALTH INFORMATION:

1. Have you had any type of therapy/counseling session in the past? Yes No

If Yes, for how long? _____

When was your last session? _____

Are we authorized to contact your physician/therapist? _____

2. Have you been hospitalized for any reason in the last 5 years? Yes No

If Yes, provide reason: _____

3. Are you currently on any form of prescribed medication? Yes No

If Yes, provide name of medication and dosage: _____

4. Do you have any physical conditions we need to be aware of? Yes No

If Yes, please explain: _____

4. AGREEMENT:

By applying for the workshop selected on page 1 of the Registration Form, and at the bottom of this page, I, the undersigned, agree to the following:

Although the workshops/sessions conducted by Consulting and Educational Center of NY (CEC NY) remain 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, CEC NY 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 discharged from the training and seek appropriate medical attention.

I have thoroughly read and understand ALL "POLICY" information pertaining to the workshop I have registered for. I 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. Additionally, I take full responsibility for participating in the entire duration of the workshop, as scheduled, and understand that my 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.

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 _____