



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 * \$645	*ONLY APPLIES TO DISCOVERY WORKSHOP. If paid in FULL in <u>one installment</u> and submitted along with all completed forms. Offer not valid for registration on the first day of workshop. <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 <u>is not</u> transferable to another individual. Initial _____
<input type="checkbox"/>	QUANTUM MASTERY	\$695	
<input type="checkbox"/>	ECSTASY OF RELATIONSHIPS	\$595	
<input type="checkbox"/>	DISTINCTIONS IN ACTION 10-week seminar series	\$595	
<input type="checkbox"/>	LEADERS JOURNEY (fee include Ropes Course)	\$1,695	
<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 workshop will be based upon personal interview. 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 \$400 of tuition is non-refundable, and the remaining deposit balance of \$100 is transferable only to the next scheduled workshop of same title. Due to nature of the work, if I register within 30 days of the start of workshop, I waive my right to cancellation and/or postponement. Upon start of workshop, total tuition is non-refundable. Tuition <u>is not</u> transferable to another individual at any point. Initial _____
<input type="checkbox"/>	OTHER		

Date of Workshop of Interest

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 _____ Date _____
 Signature

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
 _____ Quantum Mastery

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 _____