

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)
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 not transferable to another individual. Workshop location subject to change. <p style="text-align: right;">Initial _____</p>
QUANTUM MASTERY	\$695	
INNER CHILD	\$695	
LEADERS JOURNEY (fee does not include Ropes Course)	\$1,295	
RECLAIMING YOUR INNER CHILD	\$495	
TRANSFORMATION	\$2,195	<ul style="list-style-type: none"> A non-refundable deposit of \$200.00 is required to reserve your space in the Reclaiming Your Inner Child Workshop. Total tuition is non-refundable. Tuition is not transferable to another individual. Workshop location subject to change. <p style="text-align: right;">Initial _____</p>
<div style="border: 1px solid black; padding: 2px;"> Date of Workshop of Interest _____ </div>		
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 _____ Date _____
 Signature

APPLICANT'S LAST NAME _____ FIRST _____ DOB _____

ADDENDUM TO REGISTRATION

WORKSHOP REGISTERED FOR: ____ **Reclaiming Your Inner Child Group Sessions**

Date: _____

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

I, the undersigned, understand that this seminar is a Work Group for individuals that have completed the "Inner Child" workshop.

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

Although the Group workshop conducted by Consulting and Educational Center remain confidential by the Facilitator and other participants, there are some exceptions to this rule. If child abuse, abuse of an older person or dependent, suicide or homicide is suspected, C.E.C. is mandated by law to report any an all of these suspicions to the right authorities, without option.

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

To the fullest extent permitted by law, the undersigned agree to hold CEC of NY, its employees, agents and/or representatives harmless of claims by me.

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