



Consulting & Educational Center of New York

REGISTRATION FORM

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 * \$645	<p>*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.</p> <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. <p style="text-align: right;">Initial _____</p>
<input type="checkbox"/>	QUANTUM MASTERY	\$695	
<input type="checkbox"/>	ECSTASY OF RELATIONSHIPS	\$595	
<input type="checkbox"/>	LEADERS JOURNEY (fee include Ropes Course)	\$1,695	
<input type="checkbox"/>	TRANSFORMATION	\$2,195	
<input type="checkbox"/>	GRACE / GRACE REVEALED	\$495 Or \$545 with \$300 deposit	
	Date of Workshop of Interest _____		<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 is <u>not</u> transferable to another individual at any point. <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 **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

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

Use additional paper, if necessary

NOTICE OF IMPORTANT INFORMATION:

Consulting and Educational Center of NY (CEC NY) workshops are designed to support people in being more effective in realizing and reaching their personal goals. Through a series of informative lecture, experiential exercises, and voluntary sharing, the workshops provide the space for people to create new possibilities, and to express themselves in their natural and genuine form, therefore creating great personal reward.

CEC NY's workshops are intended for people who are well. The workshops **are not** meant for pregnant individuals, nor are they meant to be therapeutic or a substitute for medical treatment or psychotherapy. If you or anyone in your family has a history of mental illness or serious emotional problems, we recommend that you consult with a mental health professional about your ability to handle stress. If this may be an issue, we recommend that you do not participate in the program.

If you have any questions, please contact CEC NY.

GOALS:

To help you to benefit fully from your participation in CEC NY's workshop(s), we ask that you take a moment to state specifically what you intend to accomplish. Answering this question does not suggest or guarantee that you will achieve these specific results by the end of the program. However, by being specific, you will facilitate your participation. Please print your answer in the space below (you may attach additional pages, if necessary).

What do you intend to accomplish?

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

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



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 _____



ADDENDUM TO REGISTRATION

WORKSHOP REGISTERED FOR:	<input type="checkbox"/> Discovery	Date: _____
	<input type="checkbox"/> Transformation	Date: _____
	<input type="checkbox"/> Leaders Journey	Date: _____
	<input type="checkbox"/> Relationships	Date: _____
	<input type="checkbox"/> Grace/Grace Revealed	Date: _____
	<input type="checkbox"/> Mastery	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