

# 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 * \$645	<b>*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.</b> <ul style="list-style-type: none"> <li>A non-refundable deposit of \$300.00 is required to reserve your space in this workshop.</li> <li>In case of cancellation or postponing, a <b>written request</b> (original) <b>MUST</b> be received at least 30 days prior to workshop start date; otherwise total tuition is non-refundable and non-transferable.</li> <li>Upon receipt of written request, <b>1st</b> \$200 of tuition is non-refundable, and the remaining deposit balance of \$100 is transferable only to the next scheduled workshop of same title.</li> <li>Upon start of workshop, total tuition is non-refundable.</li> <li>Tuition <u>is not</u> transferable to another individual.</li> </ul> <p style="text-align: right;"><b>Initial</b> _____</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	<b>(see separate form for POLICY details)</b> <ul style="list-style-type: none"> <li>A non-refundable deposit of \$500.00 is required to reserve your space in the Transformation Workshop.</li> <li>If deemed necessary, enrollment into Transformation workshop will be based upon personal interview.</li> <li>Total tuition is non-refundable and non-transferable.</li> <li>Upon start of workshop, total tuition is non-refundable.</li> <li>Tuition <u>is not</u> transferable to another individual at any point.</li> </ul> <p style="text-align: right;"><b>Initial</b> _____</p>
OTHER		Visit <a href="http://www.selfdiscover.org">www.selfdiscover.org</a> 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 \_\_\_\_\_