

One Day Externalization Workshop Registration

All information will be kept confidential

Name: _____ Age: _____ Profession: _____

Address: _____
(Street) (City, State, Zip Code)

Phone: Home () _____ Work() _____ email: _____

If you are under treatment for any medical problem, please describe: _____

Please list current medications: _____

Any special physical needs? _____

In case of emergency, please notify: _____
(Name) (Phone) (Relationship)

What externalization workshops have you attended? _____

In order to best serve your needs, please tell us why you are attending this workshop:

Please carefully read the waiver below, sign and date:

I understand that my participation in the Externalization Process workshop is voluntary. It may involve my emotions in a manner that might subject me to emotional distress. I agree to accept such risks and assume the responsibility for emotional distress and/or other effects that may arise from my interpretation of the process. I understand that this workshop is not intended as psychotherapy or a substitute for psychotherapy. I release Life Transitions Network, and all staff thereof from all claims made by me or on behalf of me (or my estate) by reason of any illness or damages arising from my participation in this self-help emotional release process.

Signature: _____ **Date:** _____

Saturday workshop registration is at 8:15 AM, workshop begins at 9 AM Saturday morning, concludes Sunday after breakfast

Workshop fee: \$195, including room, board and tuition. Please submit fee with registration.

Arriving Friday night: \$245 including breakfast Saturday: **please check here**

Fee is fully refundable if workshop is cancelled.

Fee will be transferred to one future workshop if participant cancels.

Please make check or money order payable to: Life Transitions Network
Mail to: LTN, PO Box 31579, San Francisco, CA 94131-0579
415-263-4822, griefworkshops@aol.com