

Workshop Registration

All information will be kept confidential

WORKSHOP BEGINS AT 9:00 AM FRIDAY MORNING AND CONCLUDES AT 2:00 PM SUNDAY AFTERNOON
Workshop fee is **\$495**, including room, board and tuition if registration form and **non-refundable** deposit of \$200 is postmarked by 30 days in advance of workshop. Fee is **\$595** if registration and **non-refundable** deposit of \$200 is postmarked thereafter. Deposit is fully refundable if workshop is canceled. Balance is due at the start of the workshop. Please make checks or money orders payable to: **Life Transitions Network**. Mail registration and deposit to: **LTN, P.O. Box 31579, San Francisco, CA 94131-0579**.

If you would like to arrive on Thursday night, the cost is an additional \$40 payable directly to the workshop site. A detailed letter and map will be sent prior to the workshop. If you plan to arrive on Thursday, please indicate here

For more information please call **415-263-4822** or e-mail: **info@transitionsworkshops.com**

Name: _____ Age: _____ Occupation: _____

Address: _____

Phone: (home) _____ (work) _____ e-mail: _____

Are you under treatment for any medical problems? _____ If so, please describe:

Please list current medications: _____

If you are currently in psychotherapy, is your therapist aware of and in agreement with your participation in this workshop? _____

If you are in recovery from drug or alcohol abuse, how long have you been in recovery? _____
(We suggest at least one year of recovery before attending this workshop)

Have you ever been hospitalized for psychiatric reasons? _____ If so, when? _____

In case of emergency, please notify: (name, phone, relationship) _____

How did you learn about this workshop? _____

Do you want CEUs? No Yes → MFT/LCSW RN Processing fee \$15

Please briefly describe why you are attending this workshop: _____

WAIVER

Please read carefully and sign below

I understand that my participation in the Moving Through Loss & Transition workshop is voluntary. It may involve my emotions in a manner that could subject me to emotional distress. I agree to accept such risks and assume the responsibility for any effects that may arise from my own interpretation of the process. I understand that this workshop is not intended as psychotherapy or a substitute for psychotherapy. Further, 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 participation in this self-help emotional release process.

SIGNATURE: _____ DATE: _____