



RETREAT REGISTRATION

Cathe Reiss, LCSW, ACHT and Erika Cohane, LCSW, ACHT

Registration includes all weekend activities, shared room lodging and meals

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Commitment Agreement: This is a weekend program which requires a commitment to and payment of the full tuition for the weekend regardless of late arrival or departure prior to the retreat closing.

Payment Policy:

A non refundable \$300 deposit (to be applied toward total cost) is required to secure attendance. Full payment is due two weeks prior the start of the retreat weekend. Payment can be made by cash, check or Zelle.

Cancellation Policy:

Cancellation requests made prior to 30 days of the workshop will be refunded minus the deposit fee of \$300. After this time, NO refunds will be provided.

I _____, understand and commit to all of the above agreements/policies. I am including \$300 towards the total cost of the retreat with this registration in order to secure my space in the retreat.

Participant Signature

Date