



WORKSHOP REGISTRATION

Cathe Reiss, LCSW, ACHT & Erika Cohane, LCSW, ACHT

Registration includes all workshop materials and activities

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

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

Payment Policy:
A \$50 deposit is required to secure attendance. Full payment is due two weeks prior the start of the workshop. 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 \$50. After this time, NO refunds will be provided.

I _____, understand and commit to all of the above agreements/policies. I am including \$50 towards the total cost of the workshop with this registration in order to secure my space in the retreat.

Participant Signature

Date