

## Registration - Self Compassion 101

Today's Date \_\_\_\_\_

Course Dates \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home \_\_\_\_\_ yes no Msg OK?

Work \_\_\_\_\_ yes no Msg OK?

Cell \_\_\_\_\_ yes no Msg OK?

Where did you hear about Self Compassion 101?  Website  Workplace  Friend  Other \_\_\_\_\_

Are you expecting to attend this course with a friend or family member? \_\_\_\_\_

Registration Fee: Half Day

\$70.00 (Early Bird) Payment received before October 21, 2017

\$80.00 (Regular)

What led you to decide to take this course?

What would you hope to gain from this course?

**I understand and comply to the following:**

**The following were agreed to over the phone:** \_\_\_\_\_

Yes  No I recognize that it may be difficult for other participants to attend and actively participate, and will work towards making it a good experience for myself and others, helping the environment become and stay safe and comfortable to the greatest extent possible.

Yes  No I understand that any active participation in the group is voluntary, and I can determine how much I choose to share in the group.

Yes  No I will respect the need for confidentiality of other participants

Yes  No I understand the cancellation policies: With notice greater than 2 weeks prior to the course, a refund minus a \$20.00 administration fee will be given. 7-14 days prior to the course, a 50% refund will be given. Less than one week prior to the course, and after the course begins, there will be no refunds.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Do you have any dietary considerations that we should be aware of? \_\_\_\_\_

**Payment by:**

PayPal  Cash  Debit  Visa  
 MasterCard  Cheque

(Please make cheques payable to: "Conexus Counselling")  
Registration not considered confirmed until full payment is received

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder permission received: \_\_\_\_\_

Receipt # \_\_\_\_\_

Office Use Only: **Payment Received**  **Confirm. Letter**  Emailed  Mailed  Given to Client \_\_\_\_\_ (date)