

The Constellation Approach
Print and Mail-in Registration Form

Seminar Date _____

This demonstration seminar is not designed as a substitute for professional consultation or therapy where indicated. It is designed as an education program only. I understand that this seminar may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. By signing this document below, I willingly agree to hold harmless and release from all liability the organizers, facilitators, and participants in this workshop.

I agree to respect the confidentiality of the participants within the course of this seminar. I will not discuss anyone's personal process outside the meeting space.

Participant Signature _____ Date _____

Name of Participant (please print) _____

Address: _____

Phone: _____

Email: _____

Seminar Fee: \$140/person

Payable and sent to: Healing Arts of Belmont

7 Williston Road

Belmont, MA 02478

Cancellation: Cancellations made 7 days or more prior to the workshop will entitle registrants to a full refund, minus the administration fee of \$20.00. No refunds can be made if cancellation occurs within 7 days or less of workshop date.

_____ Yes, I would like to be on your mailing list for future workshops

_____ No, I would not like to be on your mailing list

Please print, sign and mail this form to us with your payment to guarantee your space in the seminar. We are unable to hold your space in the seminar until payment is received.