

Self-Awareness Weekend Counseling Program Registration Form

Personal Information

Last Name: _____ First Name: _____ Preferred Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Home Phone: _____ Best time to call: _____
Occupation: _____ Email: _____
Birth Date: _____ Age: _____ Referred By: _____

Registration Information

Today's Date (mm/dd/yy): _____ Your Self-Awareness Weekend Date (mm/dd/yy): _____

To register, you may email this form to alambert@selfawarenessweekend.com or send this form to the address below along with a non-refundable deposit of \$300 (or payment in full) to secure your place. Please make checks payable to: **Self-Awareness Institute**.

Credit Card (select type: Visa MC Amex) Check (check number: _____)

Credit Card Number: _____ Exp. Date (mm/yy): _____

Name on Card: _____

Program Cost: **\$1,550.00**

Savings (deduct \$55 if paying in full at least two weeks in advance): _____

Total Amount Due: _____

Amount Paid with Registration (minimum \$300 deposit): _____

Balance Due: _____

Contact Information

Return this form to:

Self-Awareness Institute
5777 Madison Ave., Suite 307
Sacramento, CA 95841

**Questions? Call (916) 966-0411
Or toll free (866) 204-6384**

Cancellation Policy:

Any cancellation received with at least one week notice before the Weekend gives you the following options:

- 1) Receive a refund of your payment less the \$300 non-refundable fee, or
- 2) Apply the amount paid to a future Weekend taken within one year. No credit or refund is available if you fail to give proper notice, if you do not show up, or if you leave the Weekend early.

Please be sure and read carefully the General Information and Reminder List and send your completed questionnaires either by email (alambert@selfawarenessweekend.com) or postal mail to the address above, by the Tuesday before your Self-Awareness Weekend Counseling Program.

I have read, understand, and agree to the statements above:

Signature: _____

Date: _____