



PERSONAL TRANSFORMATION INTENSIVE (PTI) REGISTRATION

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

INVESTMENT: \$2,249.00

Full registration includes five intensive therapeutic weekends with course materials.

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Credit Card# _____ Exp. Date: _____ Sec Code: _____

Commitment Agreement: I understand that this is a five weekend program and I am committed to attending and paying the tuition for each of the five weekends. I am responsible for the full tuition of the program even if I am unable to attend a session.

Payment Policy:
50% of the total investment is required to secure attendance. Payment can be made by cash, check or credit card.

Cancellation policy:
Cancellation requests made prior to 45 days of the workshop will be fully refunded minus a registration fee of \$100. Cancellation requests made between 30 - 45 days prior to the workshop will be refunded at 50% of the total cost of the PTI program minus a registration fee of \$100. After this time, NO refunds will be provided.

Note: Program cancellation will occur should enrollment be insufficient to facilitate an effective therapeutic experience. Participants will be notified no later than 7 days prior should intensive need to be cancelled and a full refund, including deposit will be made.

I _____ understand and I am in agreement to the above policies. In order to secure my space, I agree to pay a deposit of 50% of the total cost of the PTI program.

Signature

Date