

# ConstellationFlow

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## *Workshops with Constellations*

*So Love can flow in Families*

*So Energy & Respect can flow in Organizations*

## REGISTRATION FORM

**Name:** ..... **Profession:** .....

**Address:** ..... **Current Position:** .....

**City:** ..... **Email (home):** .....

**State:** ..... **PostCode:** ..... **Email (work):** .....

**Phone (home):** ..... **Fax (home):** .....

**Phone (work):** ..... **Fax (work):** .....

**Which prior Constellation workshops/training's have you attended (if any)?**

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**I wish to register for the following Workshop:**

**Workshop Title:** ..... **Workshop Location:** .....

**Workshop Date(s):** .....

**I am enclosing the following registration materials:**

- My check of \$50 deposit
- or check of the full fee (payable to Chris Walsh)

**About refunds and cancellations:** A deposit of \$50 will hold your space. The full fee needs to be paid by the beginning of the workshop. Refunds are available if you give notice of cancellation at least 10 days before workshop begins. No refund is available if you give less than 10 days notice, if you don't show up, or if you leave the workshop early for any reason. Payments may be made by check or credit card.

I understand this is a self-exploration workshop and not a substitute for medical treatment or psychotherapy. I take full personal responsibility for my experience during this workshop.

**Signature** ..... **Date** .....

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