

40 Days Alchemy of Tranquility Registration

Name _____ Date _____

Address _____

Phone _____ Email _____

If applying for CEUs, please provide MFT or LCSW License # _____

Sign me up for the following workshop(s) = \$90 per workshop, includes lunch.

summer fall winter spring

I am interested in the post-workshop intensive practice groups. I understand there is an additional fee if I decide to participate.

Payment: Check or Credit Card accepted. Make check payable to Community Healing Centers and send with this form to 14 Commercial Blvd. Suite 101, Novato, CA 94949. *Scholarships available. Send your request in writing to CHC, attention 40 Days Scholarship Committee.*

Total Payment \$_____ Paid by Check Visa Mastercard

Card # _____ Expiration _____

Workshop sessions are held in various rooms at Dominican University of California, 50 Acacia Ave., San Rafael, CA. Session meeting times are from 9am – 3pm. Includes lunch. Post-session small groups are arranged with an individual facilitator and are scheduled according to the availability of the participants.

For more information: 415.499.1115 www.communityhealingcenters.com.