

FAMILY AND ADDICTION WORKSHOP REGISTRATION

(PLEASE PRINT)

Name \_\_\_\_\_  
Last name First name

Name \_\_\_\_\_  
Last name First name

Address \_\_\_\_\_

Phone \_\_\_\_\_ is it alright to leave a message? \_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_

What are you hoping to gain from this weekend? \_\_\_\_\_

\_\_\_\_\_

Anything you would like me to know about you and your situation? \_\_\_\_\_

\_\_\_\_\_

Do you have a history of trauma or mental health issues? Y N

If yes please describe \_\_\_\_\_

\_\_\_\_\_

PAYMENT AND CANCELLATION CONTRACT FOR FAMILY AND ADDICTION  
WORKSHOP

Workshop hours: Friday 6-9, Saturday 9-4, Sunday 10- no later then 4 possibly earlier depending on the group. Water, tea, hot chocolate will be provided, lunch is on your own. There is a refrigerator on site if you want to brown bag. Several choices for lunch or coffee within walking distance.

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Cost: \$300.00 per person or \$500 for two people. The per person rate will be reduced to \$250 if paid in full two weeks in advance. There is no deduction in the cost if you are unable to attend part of the workshop. Please remember that the workshop is limited to 10 people therefore your payment in advance will guarantee your space. There are some scholarships available please feel free to contact me if you are unable to pay.

Cancellation policy: If you cancel two weeks before the workshop begins and you have prepaid, you will receive a full refund. If cancellation is less than two weeks before the workshop your refund will be less \$50.00 administration fee. If you cancel the day of or during the weekend you will not receive a refund, however, you may attend the workshop again at a later time provided there is room available.

**Confidentiality: It is important to agree that the names of attendee's and anything discussed during the weekend will be kept confidential by all attendee's with no Exception.**

Please bring a notebook or journal as you will be encouraged to take notes.

I consent to and understand the contract and policy herein;

Print name\_\_\_\_\_

Print name\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

**The workshop is held at the  
Lakeview Center building C suite 202  
The address is 10512 NE 68<sup>th</sup> St Kirkland, WA 98033  
Phone number is 425-822-3425**