

WIRED FOR CONNECTION/CONEXUS COUNSELLING OFFERING —RISING STRONG

The Reckoning. The Rumble. The Revolution.™

Name: _____ Address: _____ Email: _____	Home _____ oyes ono Msg OK? Work _____ oyes ono Msg OK? Cell _____ oyes ono Msg OK?
Where did you hear about Rising Strong™? Website Workplace Friend Other _____	
Are you expecting to attend this course with a friend or family member? _____ _____	
Registration Fee: 3 day Intensive \$435.00 (Early Bird) \$475.00 (Regular)	
What led you to decide to take this course? _____	
What would you hope to gain from this course? _____	
I understand and comply to the following: The following were agreed to over the phone: _____ Yes No I recognize that it may be difficult for other participants to attend and actively participate, and will work towards making it a good experience for myself and others, helping the environment become and stay safe and comfortable to the greatest extent possible. Yes No I understand that any active participation in the group is voluntary, and I can determine how much I choose to share in the group. Yes No I have a therapist that I can consult with after the program should the need arise and if No, then Yes No I would be willing to accept a referral for a therapist following the workshop should the need arise. Yes No I will respect the need for confidentiality of other participants Yes No I understand the cancellation policies: With notice greater than 2 weeks prior to the course, a refund minus a \$50.00 administration fee will be given. 7-14 days prior to the course, a 50% refund will be given. Less than one week prior to the course, and after the course begins, there will be no refunds. _____ Date _____ Signature	
Do you have any dietary considerations that we should be aware of? _____ _____	
Payment by: Etransfer Cash Visa MasterCard Cheque (Please make cheques payable to: "Wired for Connection") Registration not considered confirmed until full payment is received Receipt # _____	Card Number: _____ Expiry Date: _____/_____ Name on Card: _____ Cardholder permission received: _____
Office Use Only: Payment Received Confirm. Letter Emailed Mailed Given to Client _____(date)	

