

Please return this form with payment/payment information via email or mail to the address below.

## WORKSHOP REGISTRATION FORM 2019:

Registrant's Name: \_\_\_\_\_

Registrant's Address: \_\_\_\_\_

Registrant's Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Degree/Licensure: \_\_\_\_\_ Number of Years of Clinical Practice: \_\_\_\_\_

Previously attended a workshop by Kristin Ryan? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**LOCATION:** Workshop held at Life Church International, 4830 River Green Pkwy, Suite 150, Duluth, GA 30096.

**PAYMENT:** The fee includes continuing education credits. Workshop Costs:

Full day (5+ CE)= \$150; \$125 if registering 14+ days from workshop date

Partial day (Less than 5 CE)= \$40- \$75

**Certificate Reissuance:** There is a \$10 fee for the re-issuing of a certificate (such as for a lost certificate).

### CANCELLATION POLICY:

#### Refund Policy:

Partial Day Workshops (4.5 or less CE): Cancellations made at least 14 days before the workshop will receive a refund minus a \$20 fee. Cancellations within 14 days of the workshop, including the day of, will receive a refund minus a \$30 fee.

Full Day Workshops (5 or more CE): Cancellations made at least 14 days before the workshop will receive a refund minus a \$35 fee. Cancellations within 14 days of the workshop, including the day of, will receive a refund minus a \$60 fee.

Refund is calculated and determined at the time of the notification of the cancellation.

See Website for inclement weather and presenter cancelation information.

#### Credit Policy:

Cancellations can request a full credit toward a future workshop within 1 year of cancellation date, if space is available at the requested date. *Once a request for the use of credit is honored, a refund will not be issued and no further changes are allowed.*

Please sign me up for the following workshop: \_\_\_\_\_  
(Date and Title of workshop requested)

#### Form of Payment:

Check (made out to Kristin Ryan or Grow Deep Counseling). Check no.: \_\_\_\_\_ Amt: \_\_\_\_\_

Credit Card

Card Number \_\_\_\_\_ Exp: \_\_\_\_\_

3 digit CVV Code: \_\_\_\_\_ Credit Card billing zip code: \_\_\_\_\_

A space is reserved once payment is received. A confirmation email is sent when payment is received. This email serves as your registration. If payment is not received prior to the workshop date, a space is not guaranteed.

*My signature acknowledges I understand and agree to the above information including authorization for card being processed (if card processing is applicable).*

Signature: \_\_\_\_\_

Return this completed registration form via email to: [Krisryanlpc@gmail.com](mailto:Krisryanlpc@gmail.com) OR mailed to: Kristin Ryan, Grow Deep Counseling, P.O. Box 491172, Lawrenceville, GA 30049. Questions?? Kristin Ryan 770-331-9988