

Family Soul Healing Seminar Registration

Send via REGULAR mail. Please print out and fill in entire form to register. Thank you.

Send registration form to: Kim Clay 305 East 56th St., Apt 3R, New York, NY 10022-3727

Cost: \$140 for the day

DATE OF WORKSHOP YOU ARE ATTENDING _____

To register: Please indicate billing address

Name _____

Address _____

City/St/Zip _____

Phone _____

Email _____

Payment:

My check is enclosed _____ Check number _____ (payable to Kim Clay)

Or I have paid by PayPal _____

Date _____ **Signature** _____

SEMINAR AGREEMENT

All participants must sign the following prior to the start of the seminar in order to participate or attend. This demonstration seminar is not designed as a substitute for professional consultation or therapy. It is designed as an education program only. I understand that this seminar may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. By signing below, I willingly agree to the preceding statements and to hold harmless from all liability the facilitators and all participants and observers attending this workshop.

I agree to respect the confidentiality of the participants within the course of this seminar. I will not discuss anyone's personal process outside the meeting space.

Cancellation Policy: Cancellation within 48 hours will receive full refund. Cancellation within 24 hours will be refunded at the discretion of the facilitators.

Participant signature:

_____ **Date** _____