

IN-DEPTH SOULCOLLAGE® FACILITATOR TRAINING

August 22-27, 2009 at Pacifica Graduate Institute

Please complete this form in its entirety and return to M. Sirabella
240 Westgate Dr. #125, Watsonville, CA 95076 - varunas@sbcglobal.net
Phone: 831-768-1442 - Fax: 831-662-1793 Specify "ATTENTION MARIABRUNA"

Name:

Address:

Home Phone:

Cell Phone:

Email:

License type and number if you require CEUs for MFTs and LCSWs

Please specify how many CEUs and the name to use on your certificates.

Payments

Please register on line through PayPal at www.sirarte.com/calendar or mail payments to the address above.

I have enclosed \$_____ (check or money order # _____) or
I have paid \$_____ online.

Accommodations

Would you prefer a **single room** (dependent on availability)? ____ Yes

If you prefer to share a room with another participant, please specify their name.

Meals – Do you have any dietary restrictions?

How did you find out about this workshop?

____ email ____ sirarte.com ____ Soulcollage.com ____ other

Let us know about your traveling plans. We are glad to put you in touch with other participants to carpool if possible. You will receive directions and a "what to bring list" after registration. Thank you for joining us!

Your Signature: _____ Date: _____