



Workshop Registration Form

Name: _____

E-mail: _____ Phone: _____

Address: _____

Workshop Title: _____

Workshop Date/Time/Location: _____

How did you find out about this Workshop? _____

Date of Registration: _____ Registration Fee: _____

Do you have any prior experience with yoga?

None () Occasional () Monthly () Weekly () Daily ()

Payment: Check () Cash () Paypal () Receipt Requested: ()

Please make checks payable to: Waves of Calm Counseling & Wellness, PLLC.

Payment may also be made online through Paypal at <http://www.wavesofcalmcounseling.com>.

Please note that **registrations cannot be processed without payment** (post-dated checks are acceptable) and **registrations must be received by the "early" registration fee date for discounted price. Any fees incurred for returned checks will be your responsibility.** All attendees **must complete and return the Waiver of Liability and Disclosure form** prior to workshop date. Workshop registration fees are **non-refundable**. Classes or Workshops may be made up at the next workshop date/offering if and when space permits.

I understand and agree to the conditions as set out above.

Signature

Date

Checklist: Registration Form () Waiver of Liability & Disclosure Form () Payment ()

Necessary forms and payment may be mailed to:

Waves of Calm Counseling & Wellness, PLLC, P.O. Box 4885, Mooresville, NC 28117
or dropped off in person at **438 Williamson Road, Suite C, Mooresville, NC 28117.**