

Recreating Life Patterns Registration Form

Workshop by Time To Heal Treatment & Workshop Facility



Workshop Attendance City: _____ or Webinar

Workshop Start Date: ____/____/____

First name: _____ Last name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home: (____) _____ Mobile: (____) _____

Work: (____) _____

Best time to call: Daytime: Evening: Home: Mobile: Work:

Email: _____ Occupation: _____

Birth Date: Month _____ Date _____ Year _____

Male Female Other _____

Single Married Other _____ Children? Ages? _____

How did you hear about the Recreating Life Patterns Workshop?

Referral by _____ Time To Heal Walk in Facebook

Online _____ Event _____ Yelp Google

What are you hoping to gain from the Recreating Life Patterns workshop?

What do you desire to accomplish by participating in Recreating Life Patterns?

What changes or results would you like to see in your life?

Do you have any history of psychiatric disorder? Yes _____ No

Are you currently or have you been in the past 12 months on any psychiatric medications?

Yes Please list: _____ No

Are you currently or have you been in the past 12 months been under the care of a psychiatrist, psychologist, or counsellor? Yes _____ No

Workshop Refund Policy: Tuition is non-refundable. Monies held may be transferred to other Time To Heal services and workshops, or transferred into someone else's name. A request must be made in writing no later than the workshop start date. No refunds or transfers will be issued after the workshop start date. All monies held must be utilized within 12 months of the initial payment date. If I choose to transfer to another workshop date or program I understand there will be a \$50.00 administration fee. All transfers must be submitted in writing and have Office approval.

I HAVE READ AND UNDERSTAND THE ABOVE REFUND POLICIES

Signature

____/____/____
Date

PAYMENT METHOD

Cash Email Transfer Credit card SQUARE

Promo Offer: _____ (Early Bird 15% OFF 30 days prior to start date. Payment plans are not available.

e-transfer to info@timetohealcommunity.com Security question: time to Answer: heal

I hereby authorize Time To Heal to charge my: Mastercard Visa

Card number: _____ Expiry ____/____ CVC _____ (3 numbers on back of card)
Postal Code: _____

Amount: \$677.00 + (GST) = \$710.85 OR _____

For: Recreating Life Patterns Workshop

Signature: _____ Printed name: _____

Billing address: (if different from above) _____

Time To Heal

250-597-1099

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