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PSYCH-K® Workshop Registration

Name _____

Address _____

City _____

State/ Country _____ Zip (Postal Code) _____

Home Ph: (____) _____ - _____ Work Ph: (____) _____ - _____

Cell Ph: (____) _____ - _____ Fax Ph: (____) _____ - _____

E-mail _____

I am registering for: (Please put date of workshop below)

_____ PSYCH-K Basic Workshop \$375 (\$325 early - 21 days or more)
Workshop Date

_____ PSYCH-K Advanced Workshop \$700 (\$650 early - 21 days or more)
Workshop Date

Amount \$ _____ Payment Method _____

Instructions:

Please fill out this registration for, typing or printing clearly.

Submit form with payment to Nancy Burns, 755 Jonive Road, Sebastopol, Ca. 95472

- Cancellation Policy: Amount exchanged for workshop participation may be transferred to another workshop offered by Turning Over A New Belief, or a refund of amount paid less \$50 administration fee.
- Privacy Policy: No information will be shared, rented or sold to anyone for any reason. Information will be used for PSYCH-K records and communication purposes only.

I have read, understand, and agree to the statements above:

Signature _____ Date _____