

Somatic Resourcing Training

Ph: 510-499-7137 e-mail: ctoondermft@gmail.com

STUDENT ENROLLMENT AGREEMENT

PERSONAL INFORMATION (please print)

Applicant's Name

Mailing Address

City, State, Zip Code

Home Phone/Work Phone (include area code)

E-mail address

Professional License & Lic. #

PROGRAM INFORMATION

Please enroll me in:

2018 Workshop:

"At the Center is the Heart"

	Early Reg.	Registration
<input type="checkbox"/> July 28 th & 29 th :	\$240.00	\$285.00

Early registration ends June 25th, 2018

Total Tuition: \$ _____

Notes:

***All checks should be made out in full to "Craig Toonder, MFT" and mailed to:
Somatic Resourcing Training, Attn: Craig Toonder,
3637 Grand Avenue, Suite B, Oakland CA 94610***

REFUND POLICY

- Credit towards a future workshop or refund minus a \$25 cancellation fee will be provided when notice of cancellation is received by the program administrator by phone, writing, or email 30 days prior to the workshop. Credit, but no refund is available if less than 30 days notice is provided.
- No refunds or credit without prior notification. Course registration signifies agreement with the terms of the cancellation policy.
- Somatic Resourcing Training agrees that if a course is cancelled the student will receive 100% refund of tuition. Refunds will be issued within 5 business days of the request being received.

SIGNATURES (Required)

Name of Student

Signature of Student

Date

Authorizing Signature for SRT

Date