

REGISTRATION FORM FOR CERTIFICATION PROGRAM 2008

Please fill out and mail this form with a non-refundable deposit of \$500 payable to Nickel Acupuncture, LLC to 3212 Monte Vista NE, Albuquerque, NM, 87106, to reserve your space. Payment of \$1,500 is due on October 1, 2007 and balance is due January 5, 2008.

Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ e-mail _____

Profession/Line of work _____

Number of Family Constellations participated in _____

Why you are interested and motivated to learn more about Family Constellation Work?

Commitment:

As a student of the Certification Program I am committed to attend the whole program of three weeks.

Cancellation Policy:

The deposit of \$ 500 at the time of sign-up is non-refundable. If you cancel by January 5, 2008, we will refund the first payment of \$ 1,500. If you cancel by January 28, 2008, we will need to keep the first payment and refund only second payment of \$ 1,495. After January 28, 2008 there is no refunds for any payments.

Certificate:

The participants of the Certification Program will receive a

CERTIFICATE OF ATTENDANCE

at the end of the program.

Release of Liability:

I agree to assume the risk of any injury or harm and to voluntarily release, waive, discharge and relinquish any and all claims or causes of action for personal injury which may arise as a result of my attendance of this Certification Program.

Participant's signature

Date