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constellations ~ solutions

S I G N - U P

Constellation Afternoon with Ursula M.L. Nickel, DOM

Date: **February 18, 12 - 5PM**

Cost: _____ \$ 30 General Group Participation
 _____ \$140 Personal Constellation

Please fill out and mail this form with a non-refundable check payable to Nickel Acupuncture, LLC to 3212 Monte Vista NE, Albuquerque, NM, 87106, to reserve your space.

Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ e-mail _____

Release from Liability:

I understand that attending the Constellation Afternoon may bring up strong emotions or old memories. I understand that Ursula M.L. Nickel, LLC doesn't guarantee success or effectiveness. I further agree that **CONSTELLATION WORK DOES NOT REPLACE MEDICAL TREATMENTS.**

In consideration of being permitted to attend this workshop, I agree to assume the risk of any injury 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 at this workshop.

Participant's signature