

Family Constellation Workshop with Suzi Tucker www.hellingerapproach.com

Please print out and fill in entire form to register. **DO NOT REGISTER VIA EMAIL.** Return via fax or Regular mail.

Location: The New York Society for Ethical Culture, 2 West 64 Street, 5th floor, NYC, 10023
(Ask for Family Constellation Workshop in the lobby)

Cost: \$125 for one day.

Please indicate which workshop you are attending: _____ (date)

To register: Please print out and send this registration and agreement with your check to
Suzi Tucker, PO Box 458, West Redding, CT 06876.

Name _____

Address _____

City/St/Zip _____

Daytime phone _____ Email _____

Payment: My check is enclosed _____ Check number _____

(Checks to Bert Hellinger Institute, USA)

Send your registration with payment to: Suzi Tucker, PO Box 458, West Redding, CT 06876.
Or fax it to her
at 203-938-1006. DO NOT EMAIL MATERIALS.

Over please, signature required

WORKSHOP AGREEMENT

All workshop participants must sign the following prior to the start of the workshop in order to participate or attend any of the workshops.

I understand that this workshop may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. Further, I understand that I may experience mental, emotional, physical, or spiritual distress and that such distress may cause unpleasant feelings. What is experienced in this demonstration workshop may create physical responses on my part or on the part of other participants. I understand that there is the risk of accident, injury, and emotional distress. I agree to assume this risk, including but not limited to the types of responses described. I confirm that I do not suffer from any mental or physical impairment, and have not been diagnosed at any point with a disorder, condition, or injury, either physical or mental, that might make it inadvisable for me to assume such risks.

This workshop is not designed as a substitute for therapy or as a substitute for any other form of professional consultation. The workshop is designed as an educational venue only.

By signing below, I willingly agree to the preceding statements and to hold harmless from all liability, the facilitator, the organizers, and all participants and observers attending this workshop.

I understand that I may leave any of the presentations at any time for any reason.

Participant signature

_____ Date _____

Date of workshop you are attending _____