

**FAMILY CONSTELLATIONS WORKSHOP
Registration and Release Form**

This demonstration workshop is designed as an educational experience not as a substitute for professional/medical consultation or therapy.

I understand that this workshop may bring up issues of a personal nature that may invoke physical and/or emotional responses.

I confirm that I do not currently suffer from any emotional or medical condition that might make it inadvisable for me to attend this workshop.

I agree to respect the confidentiality of any disclosure made within the course of this workshop. I will not discuss any details about someone else's work outside the meeting space.

By signing this document, I willingly agree to hold harmless and release from all liability the organizers, facilitators, and participants in this workshop.

Powerful healing is possible for every participant: as a client, a representative, or an observer. However, I understand that not all who attend the workshop will have the chance to set up their own constellation.

Signature _____ Date ____/____/____

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COMPLETE ALL SPACES BELOW

Enclosed is my check for #125.00 payable to The Constellations Group. _____

The date of the workshop I plan to attend is ____/____/____.

Name: _____

Address: _____

Phone: (H) _____ (w) _____ (M) _____

Email: _____

I learned about this workshop by/from _____

CEU's (6 from NASW): Yes____ No____ Certificate of Attendance: Yes____ No____

Mail completed form and check to: The Constellations Group, 4920 43rd Place, NW, Washington DC 20016. Call (202) 244-8280 or (202) 257-8300 for more info.