



# Registration for Adlerian L.I.F.E. Workshop

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**I want to hold my place in the LIFE Course:** March 28-30, 2019 (30 hours) ~ \$650.00 per participant  
Thursday: 6 p.m. – 10 p.m. ~ Friday: 8 a.m. – 10 p.m. ~ Saturday: 8 a.m. – 9 p.m.

I agree to the following:

- I will bring a lunch for Friday and Saturday and understand that the group will remain together for meal times. I understand that I will need to bring food for dinner or that I am adding to the tuition fee to eat the catered meals (see below).
- I will be on time and attend all sessions in their entirety.
- I will abstain from non-prescription drugs and alcohol 24 hours prior to the L.I.F.E. Course and for the duration of the L.I.F.E. Course.
- I agree to respect the confidentiality of all participants as well as their remarks and attendance.

I understand that my tuition payment activates my reservation in the L.I.F.E Course and that a deposit of \$100 must be received in order to hold my place in the class, with the balance due prior to the event (options below).

I understand that the tuition is non-refundable if cancellation is less than 30 days before the L.I.F.E. Course. Cancellation prior to 30 days before the L.I.F.E. Course will have a \$30 cancellation fee.

I will pay by:

- Venmo to Shirlene-Elledge
- Paypal to Shirlene@AdlerianLife.com
- Check (enclosed)

Extras:

- I would like to earn the Continuing Education credits for a fee of \$35
- I will bring my own dinners due to dietary restrictions.
- I will pay \$30 for two dinners, provided by local caterers.

I am paying the following amount:

- \$100 deposit to hold my place today and the remaining balance by **Feb 28**, \$550—Early Bird.
- \$100 deposit to hold my place today and the remaining balance by **March 14**, \$650—Regular.
- Full tuition and extras, totaling : \_\_\_\_\_

I agree to the terms of registration. I understand that submitting this form electronically with electronic signature is considered a legal agreement.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ date \_\_\_\_\_

Once registration and tuition has been received, you will receive an intake form. Please complete and return one week prior to the workshop.

**Return to Shirlene Elledge LCSW**

By Mail:

Adlerian Life c/o Shirlene Elledge LCSW  
7669 W. Riverside Dr Suite 101 Boise, ID 83714

By Email:

shirlene@AdlerianLife.com