

Certificate in Experiential Facilitation & Programming Registration Form



Thank you for applying for, and participating in, the Certificate in Experiential Facilitation and Programming offering through Catalyst Healthy Solutions, LLC. To register, please fill in ALL of the information in ALL of the sections below. Mail the entire Registration Form, Payment, and your Participant Agreement by the deadline (posted on the website) to:

Cheryl Schwartz, Catalyst Healthy Solutions, LLC, PO Box 202224, Denver, CO 80220

Offering for which you are registering:	Certificate in Experiential Facilitation and Programming		
Offering Date & Tuition Fee:			
Name:		Cell Phone:	
Address:		Email:	
City, State, Zip:		Emergency Contact Name:	
Home Phone:		Emergency Contact Phone #:	
Work Phone:		Today's Date:	
How did you hear about Catalyst Healthy Solutions & this offering?			
Payment and Refund Information:	Full payment and Participant Agreement must accompany Registration Form and is due no later than two weeks prior to offering start date. Registration after that date, as space permits. Registration is first come/first served. There will be no refunds granted two weeks prior to or after start date. Refunds prior to two week deadline subject to \$50 cancelation fee.		

Offering Payment Information:

Your Name:	
Offering Name & Date:	Offering: Certificate in Experiential Facilitation and Programming Date attending:
Tuition Amount Due/Enclosed (in full):	\$480
Payment Method:	Check or Money Order payable to "Catalyst Healthy Solutions, LLC" / attach full payment to this form and mail to address listed above Credit Card payments accepted online at: http://www.catalysthealthysolutions.com/contact-schedule-payment

FOR OFFICE USE ONLY	<i>Date, Forms & Amt. Received:</i>
	<i>Received By:</i>