

## Registration Form

First Name	Last Name		
Email			
Cell Phone — —	Home Phone — —	Work Phone	
Street Address			
City	Prov/State	Postal Code	(US Zip Code)
What was the Year and City you completed the Mastery of Self Expression			
Present occupation:			
Education:			
What do want from this workshop?			
In what disciplines or therapies have you engaged in?			

### Liability Waiver

I understand and acknowledge that I have chosen for myself to attend:

#### THE LEADERSHIP WORKSHOP

and I accept full responsibility for my participation during the workshop. I agree to participate to the best of my ability and take full responsibility for my own health and well-being. I agree not to hold liable the producers, leaders, assistants, or other participants of the Leadership workshop for any loss, damage or injuries. I am aware and agree that all personal information discussed in this workshop is confidential and I am aware of the cancellation policy.

Signature:

Date: