**Sharing Our Stories, Reopening Our Hearts**

**Sylvia Israel, LMFT, RDT/BCT, TEP**

**Registration Form**

Thank you for your interest in participating in the workshop on

**November 4-5, 2023 9:30am-5:45pm.** Please plan to arrive no later than 9:15am.

The workshop will take place at:

Marin Dental Wellness– 55 La Goma St 2nd floor, Mill Valley, CA 94941

If you are a **new participant** and we have never met, you will be invited to a brief short complimentary online consultation to help ensure this workshop is a good fit for your personal growth and/or professional needs.

To finalize your registration and hold your space:

1. Complete this *Registration Form*. Be sure to indicate your method of payment.

1. If you have completed this form for a previous workshop in the last six months, you may choose to only fill in the sections with new information.
2. If you are taking this workshop for personal growth and are not a mental health professional, skip the ***EDUCATIONAL & PROFESSIONAL BACKGROUND*** section.

2. Read and sign the *Informed Consent & Release Form* and the *Health* *Waiver for In-Person Events Form*.

3. Send completed items **a - c** to Sylvia Israel at sylvia@imaginecenter.net and Laney Robbins at laneyrobbins@gmail.com:

a. Registration Form
b. Signed Informed Consent & Release
c. Signed Health Waiver for In-Person Workshop(s)

d. Submit payment to Sylvia as directed below.

Note: All forms can be filled out on your computer. You may type directly on this form and save it with your name. If needed, cut and paste into an email.

If you have trouble, print and scan, or mail to:

Sylvia Israel. 815 Bolinas Road. Fairfax, CA 94930.

Contact: Laney Robbinslaneyrobbins@gmail.com (602) 502-5475 with questions about registration.

Contact: Sylvia@imaginecenter.net 415-454-7308 with questions pertaining to the workshop or payment.

***GENERAL INFORMATION***

**Name**:

**Address**:

**Phone** (include home, work, cell and indicate which is best to use):

**Email**:

**Emergency Contact** (name, relationship, phone number(s)):

**Place(s) of Employment**:

***PREVIOUS EXPERIENCE OR TRAINING***

* Previous Experience/Training with psychodrama. Include approximate hours of psychodrama training and names of psychodramatists:
* Previous Experience/Training in other experiential approaches:

***CURRENT INTERESTS & AREAS OF STUDY***

* What currently excites you? What are you reading, studying, doing, experiencing that has captured your interest?

***LEARNING GOALS AND EXPECTATIONS***

* What are two strengths/resources you bring to the workshop?
* What do you consider your two biggest challenges or growing edges as a student of psychodrama or as a participant in this workshop?
* What is one specific personal and/or one specific professional goal/intention you will set for this workshop experience?
* Is there anything else you would like me to know about your interests, preferences, and/or needs for this workshop experience?

***EDUCATIONAL & PROFESSIONAL BACKGROUND*** (If you are taking this workshop for personal growth and are not a mental health professional, skip this section.)

**Highest Degree**:

**Discipline/Field of Study**:

**Licensure/Certification** (include license number if applicable):

**Experience Working with Clients** (include approximate number of years and populations):

In what settings are you currently or do you plan to apply the concepts and skills you acquire in the workshop:

***CONTINUING EDUCATION HOURS for LICENSED LMFTs, LCSWs, LPCCs, and/or LEPs only***

\_\_\_ I am a licensed psychotherapist and would like to receive 14 CEUs.

Name (as written on License): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Fee**: $25

***PAYMENT INFORMATION***

**FEE**: $365 by 10/20/23; $400 after.

**Students** (with full-time ID): $290 by 10/20/23; $325 after.

Full refund up to two weeks prior to first day of workshop. 50% one week prior. No refund thereafter.

Payment plans available.

Payment by **check** to: Sylvia Israel. 815 Bolinas Road. Fairfax, CA 94930.

**Zelle** or **Venmo**: Sylvia Israel sylvia@imaginecenter.net (415) 686-6800

*Please let Sylvia know if you need a payment plan.*

My method of payment:

Venmo\_\_\_\_\_\_\_\_

Zelle\_\_\_\_\_\_\_\_\_\_

Check\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date I made electronic payment or mailed check: \_\_\_\_\_\_\_