

# RIISING STRONG™

## WEEKEND INTENSIVE REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How Did You Find Out About Us? \_\_\_\_\_

Space is limited, please return your completed registration form to [info@sarahp4therapy.com](mailto:info@sarahp4therapy.com).  
**Once your completed registration form is submitted, Sarah will contact you for a brief screening/consultation if one has not already been done.**

### Payment:

Early-Bird Rate: \$475 (register by 10/11/17)

Regular Rate: \$550 (register between 10/12/17 and 11/10/17)

A 50% deposit is required at the time of your registration to reserve your space for the group.  
The remaining 50% is due the first day of the group.

Checks should be made payable to Sarah Phillips, LCSW. If you'd like to pay via credit card please complete the following information:

Name as it appears on card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Code (3-4 Digit Code On Back): \_\_\_\_\_

I authorize Sarah Phillips to process my credit card for payment of deposit and/or services:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation policy:** Registrants who are “no-shows” for an event, or cancel a registration less than five business days before a scheduled event, will not qualify for a refund.