



Daring Self-Compassion Workshop

Name: _____

Address: _____

Email: _____ **Phone Number:** _____

How Did You Find Out About Us? _____

Which Event Would You Like to Attend? _____

Space is limited, please return your completed registration form to info@sarahp4therapy.com. Once your completed registration form is submitted, Sarah will contact you for a brief screening/consultation.

Payment: The cost of the workshop is \$125/person. Payment prior to the event is required to reserve your space for the workshop. 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.