Workshop Registration

Family Constellations

Workshops and Training Programs for Beginners & Advanced

September 2011 – September 2012

Saturdays 9:30 am - 5:00 pm

\$135 per workshop

I would like to r	egister for:			
<u>2011</u>				
September 2				
<u>2012</u>				
February 25 April 14 June 16 September 2 November 3	22			
Name:			 	
Address:			 	
Phone: H)		O)	 C)	
Email:				

Please make checks payable to Joanne Lynch-Bachbauer, LCSW-C and mail to 1107 Nelson Street, Suite 204, Rockville, MD 20850

www.coreconstellations.com

Family Constellations

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Release Form

Participation/Observation

All workshop attendees are required to sign this form. It should be understood that not all who attend the workshop will have the chance to do their own family constellation. However, everyone will have the opportunity to participate in constellations as a representative. This can be a powerful learning experience and reveal many dynamics in your own family.

I understand that this workshop may bring up issues of a highly personal nature that may invoke strong physical and/or emotional responses. I confirm that I do not currently suffer from any emotional or medical condition that might make it unadvisable for me to attend this workshop.

The Family Constellation workshops, and trainings, are not designed to be a substitute for professional/medical consultation or therapy. It is designed as an educational venue to enhance self development and can offer support to ongoing therapies and treatment.

I agree to respect the confidentiality of any disclosure made within the course of the workshops/training. I will not discuss any details about someone else's work outside the meeting space.

By signing this document below, I willingly agree to hold harmless and release from all liability the organizer, facilitators, and participants in this workshop.

Participant signature	Date	
I am registering for:		
2011:Sept. 24,Dec. 3, 2012:Feb 25,April 14,June 16,	Sept. 22. Nov 3	