



GESTALT INTERNATIONAL STUDY CENTER

Registration Form

For Workshops & Conferences

Name: _____ Male: Female:

Company Name: _____ Position: _____

Preferred Mailing Address - Work / Home : _____

City/State/Province/Postal Code/Country: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Current Profession (please check all that apply):

Coach Consultant/OD Leader/Executive Psychotherapist Nonprofit Other _____

Professional Affiliations/Associations:

ICF (Int'l Coach Federation) OD Network APA Other (please specify) _____

How did you hear about this program? _____

If by referral, from whom? _____

Please register me for:

Program Title	Date	Fee
_____	_____	_____
_____	_____	_____

I am a GISC Member: I would like to join GISC: \$125/year

Total: _____

Invoice my organization: _____

I have enclosed a check or money order payable to GISC (US funds only):

Charge my: Visa Mastercard American Express

Name as it appears on card: _____

Account Number: _____ Expiration Date: _____

Signature: _____

Cancellation Policy: Refunds are available up to 21 days prior to a program, less a \$35 administration fee. When cancellation is made with a notice of 20 days or less, tuition will not be refunded but may be applied to a future program within two calendar years.

Mail or fax along with your payment to:
GISC, PO Box 515, South Wellfleet, MA 02663-0515, USA