



Gestalt International Study Center Registration Form for Workshops & Conferences

Please give us your information exactly as you would like it to appear on the program roster

Name _____ Male _____ Female _____

Address _____

City/State/Province/Postal Code/Country _____

Work Phone (please include country code) _____ Fax (please include country code) _____

Home Phone (please include country code) _____ E-mail _____

Current Profession & Organization _____ How did you hear about this program? If by referral, from whom? _____

Program Name	Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am a member of GISC

I would like to join GISC/renew my membership -- \$95 _____

I would like to make a tax-deductible contribution to GISC in the amount of: _____

(GISC is a 501(c)(3) nonprofit corporation and we appreciate any contribution you can make.

All contributions are fully tax-deductible to the extent allowed by law.)

Payment

TOTAL: _____

I have enclosed a check (US Funds only) payable to: Gestalt International Study Center

Invoice my organization: _____

Please charge my: VISA MasterCard AmEx

Account number _____ Expiration Date _____ Security Code _____

Signature (required for credit card charges) _____

Please see website for complete CE Information.

Cancellation Policy: Refunds are available up to 21 days prior to a conference or workshop, less a \$35 administration fee.

When cancellation is made with a notice of 20 days or less, tuition will not be refunded.

Complete and mail or fax, along with your payment, to:

GISC • PO Box 515 • South Wellfleet, MA 02663 USA Tel: 1-508-349-7900 • Fax: 1-508-349-7908 • E-mail: office@gisc.org