

5850 Canoga Ave. #400 Woodland Hills, CA 91367 www.eacseminars.com

Signature: X

(818) 705-6979

## ADDENDUM REGISTRATION FORM

"Investment in the present is an Investment in the future"

Last Name					First Name		
D.O.B.	Area	Code	Cell#				
Email Mandatory							

	WORKSHOP OF INTERES	ST
<b>✓</b>	WORKSHOP	DATE
	Transformation	
	Quantum Mastery	
	Inner Child	
	Self Expression & Leadership Program (S.E.L.P.)	
	Other:	

I, the undersigned, hereby agree that all **PERSONAL**, **HEALTH**, and **MEDICAL** information remain the same as completed in my last workshop of attendance and that no changes have incurred in relation to my personal, health and/or medical conditions.

By applying for the workshop selected, both on the left and on the next page, I, the undersigned, agree to the following:

I acknowledge that I have chosen to attend this seminar/workshop of my own will and I have thoroughly read and understand ALL "**POLICY**" information pertaining to the workshop in which I have registered.

Date:

I further understand that these workshops are for people who are well. The workshops are not meant for pregnant individuals, nor are they meant to be therapeutic or a substitute for medical treatment or psychotherapy. If you or anyone in your family has a history of mental illness or serious emotional problems, we recommend that you consult with a mental health professional about your ability to handle stress. If this may be an issue, we recommend that you do not participate in the program. The workshops are not for individual's who need psychiatric attention. During the course of the workshop, if at anytime the trainer feels I may be having an extreme emotional outburst due to psychiatric issues, I will be discharged from the training and encouraged to seek appropriate medical attention.

Although the workshops/sessions conducted by Educational Awakening Center (EAC) remain confidential by the trainer, there are some exceptions to this rule. If child abuse, abuse of an older person or dependent, suicide or homicide is suspected, EAC is mandated by law to report any and all of these suspicions to the proper authorities, without option.

I take full responsibility for all my actions during the upcoming seminar/workshop. Additionally, I take full responsibility for participating in the entire duration of the workshop, as scheduled, and understand that my failure to do so will result in discharge from the workshop without return and/or transfer of funds. I also understand that, if necessary, the Trainer holds the right to discharge me from the workshop without return and/or transfer of funds.

I agree and acknowledge that I am fully aware that participation the workshop does not constitute therapy, psychotherapy or counseling and I am fully aware that volunteer staff, coaches and trainers are not certified therapists. I am aware that the leaders and staff of the seminar/workshop are not in any way liable for any physical or emotional distress or damage that may be caused.

GOALS
To help you to benefit fully from your participation in EAC's workshop(s), we ask that you take a moment to state specifically what y intend to accomplish. Answering this question does not suggest or guarantee that you will achieve these specific results by the end of t program. However, by being specific, you will facilitate your participation. Please print your answer in the space below (you may atta additional pages, if necessary).
What do you intend to accomplish?

Applicant's												DOD			
Last Name							First Name					DOB			
													Мо	Day	Year

## **WORKSHOP OF INTEREST** (please check the workshop or seminar of interest)

CLASS	COST	PRE-F	REGISTRATION RATE	POLICY (Read Thoroughly and Initial)					
QUANTUM MASTERY	\$745	*\$645	* If paid in FULL in one installment and submitted along with all completed forms. Offer not valid for registration on	A non-refundable deposit of \$300.00 is required to reserve your place in the workshop.  In case of cancellation, a written request MUST be received at least 30 days pr the workshop start date, at which time \$300 of fees paid are non-refundable.  If you register with less than 30 days before the start of the seminar, you fully understand you are waiving your right to cancellation and that you are limited to options listed below.  If written request for cancellation is received less than 30 days prior to the workshop.					
INNER CHILD	\$745	*\$645	the first day of workshop.	start date the following options apply, otherwise all fees paid are non-refundable.  1. Upon receipt of written request for postponement, received no less than 48 hours prior to the workshop start date, 1st \$100 of fees paid is non-refundable and the remaining balance is transferable as a credit to be applied to the full cost (\$745) of the next scheduled workshop of the same name; OR  2. Upon receipt of written request for transfer of fees to another individual, received no less than 48 hours prior to the workshop start date, 1st \$100 of fees paid is non-refundable and the remaining balance is transferable as a credit to be applied to the full cost (\$745) for the named individual for the current workshop only.  4. All fees paid are non-refundable upon start of the workshop.  5. Effective April 1, 2014, in case of a "no show," a credit for the amount paid less the non-refundable deposit, may be applied to the full cost (\$745) of the next schedule workshop of the same name only. This credit will be held in participants name and is non-transferable.  6. Workshop location subject to change.					
TRANSFORMATION	\$2,295	** \$2,095	If paid in FULL in one installment and submitted along with all completed forms at least 30 days prior to workshop start date.	If deemed necessary, enrollment into Transformation workshop or SELP will be based upon personal interview.  A non-refundable deposit of \$500.00 is required to reserve your space in either the Transformation Workshop or SELP.  If you register with less than 30 days before the start of the workshop, you ful understand you are waiving your right to cancellation.  In case of cancellation, a written request MUST be received at least 30 days prior the workshop start date, at which time \$500 of fees paid are non-refundable.  If written request for cancellation is received less than 30 days prior to the workshop start date the following applicance paid with the prior to the workshop start date the following applicance paid with the prior to the workshop start date the following applicance paid with the prior to the paid with the paid with the paid with the prior to the paid with the paid					
S.E.L.P. (Self Expression & Leadership Program)	\$1,495	N/A	N/A	start date the following options apply, otherwise all fees paid are non-refundabl  1. Upon receipt of written request for postponement received no less the hours prior to the workshop start date, 1st \$500 of fees paid is non-refun and a credit for the remaining balance is transferable and may be applithe full cost (\$2195) for the next scheduled Transformation Workshop or (\$1495) for SELP; OR  2. Upon receipt of written request for transfer of fees to another indiverceived no less than 48 hours prior to the workshop start date, 1st \$5 fees paid is non-refundable and a credit for the remaining balan transferable to another individual and may be applied to the full cost (\$500 for the named individual for the current Transformation Workshop or (\$100 for the current SELP only.  All fees paid are non-refundable upon start of the workshop.  Workshop location subject to change					
TE OF WORKSHOP:				Visit www.eacseminars.com for a list of other workshops					

## **PAYMENT AUTHORIZATION**

Cash	DO NO	T send cas	h by mail	\$	Received by						
Check*	Check#			\$	DL#		State				
*	RETURN	CHECKS	SUBJEC1	TO \$45.00 FEE	. PRICE SUBJECT TO CH	IANGE WITHOUT NOTIC	E				
Credit Card	Cardholo	3 Digit Code									
	MC Visa Dis			Φ.			Exp Date				
	MC	Visa	Dis	\$	cc#		_ LAP Dut	ic			
	MC	Visa	Dis	Auth#	CC #		EXP But	iC .			

I, the undersigned, have thoroughly read and understand ALL		7	Balance				
"POLICY" information pertaining to the workshop of interest. I authorize Educational Awakening Center (EAC) to charge my credit card for the specified charges. This authorization is to be held for EAC's information	Date	Cash	Check#	ccAuth#	Amount	Rcd By	\$
only and will not be released to any unauthorized persons.							
Card Holder's							
Signature: X Date							

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