



Educational Awakening Center

(818) 705-6979

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

REGISTRATION FORM

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

PERSONAL INFORMATION

Please print legibly

Last Name First Name

Sex: M F D.O.B Marital Status Occupation

Address Apt#

City State Zip

Home # Cell #

EMAIL

Mandatory

Referred by

EMERGENCY CONTACT

Relation

Telephone

NOTICE OF IMPORTANT INFORMATION

Educational Awakening Center (EAC) workshops are designed to support people in being more effective in realizing and reaching their personal goals. Through a series of informative lectures, experiential exercises, and voluntary sharing. The workshops provide the space for people to create new possibilities and to express themselves in their natural and genuine form, therefore creating great personal reward.

EAC's workshops are intended for people who are well. The workshops are not meant for pregnant individuals, nor are they meant to be therapeutic or 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. If you have any questions, please contact EAC. Initial

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 you intend to accomplish. Answering this question does not suggest or guarantee that you will achieve these specific results by the end of the program. However, by being specific, you will facilitate your participation. Please print your answer in the space below (you may attach additional pages, if necessary).

What do you intend to accomplish?

Use additional paper, if necessary



Applicant's Last Name

First Name

DOB

Mo Day Year

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

✓	CLASS	COST	PRE-REGISTRATION RATE	POLICY (Read Thoroughly and Initial)
	DISCOVERY	\$795	*\$695	<p>* If paid in FULL in one installment and submitted along with all completed forms. Offer not valid for registration on the first day of workshop.</p> <ul style="list-style-type: none"> A non-refundable deposit of \$300.00 is required to reserve your place in this workshop. In case of cancellation, a written request MUST be received at least 30 days prior to 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 the options listed below. If written request for cancellation is received less than 30 days prior to the workshop start date the following options apply, otherwise all fees paid are non-refundable. <ol style="list-style-type: none"> 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 (\$795) of the next scheduled workshop of the same name; OR 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 (\$795) for the named individual for the current workshop only. All fees paid are non-refundable upon start of the workshop. 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 (\$745/95) of the next scheduled workshop of the same name only. This credit will be held in participants name and is non-transferable. Workshop location subject to change. Initial <input type="text"/>
	QUANTUM MASTERY	\$745	*\$645	
	TEEANGE GROUP	\$495	*\$445	
	INNER CHILD	\$745	*\$645	

	TRANSFORMATION	\$2,295	**\$2,095	<p>** If paid in FULL in one installment along with all completed forms within specified time frame.</p> <ul style="list-style-type: none"> 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 fully understand you are waiving your right to cancellation. In case of cancellation, a written request MUST be received at least 30 days prior to 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 options apply, otherwise all fees paid are non-refundable. <ol style="list-style-type: none"> Upon receipt of written request for postponement received no less than 48 hours prior to the workshop start date, 1st \$500 of fees paid is non-refundable and a credit for the remaining balance is transferable and may be applied to the full cost (\$2295) for the next scheduled Transformation Workshop only or (\$1495) for SELP; OR 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 \$500 of fees paid is non-refundable and a credit for the remaining balance is transferable to another individual and may be applied to the full cost (\$2295) for the named individual for the current Transformation Workshop or (\$1495) for the current SELP only. All fees paid are non-refundable upon start of the workshop. Workshop location subject to change. Initial <input type="text"/>
	S.E.L.P. (Self Expression & Leadership Program)	\$1,495	N/A	N/A

DATE OF WORKSHOP:

Visit www.EACseminars.com for a list of other workshops

PAYMENT AUTHORIZATION

Cash	DO NOT send cash by mail	\$	Received by
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Check*	Check#	\$	DL#	State
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*** RETURN CHECKS SUBJECT TO \$45.00 FEE. PRICE SUBJECT TO CHANGE WITHOUT NOTICE**

Credit Card	Cardholders Name				3 Digit Code	
	MC	Visa	Dis	\$	cc #	Exp Date
					Auth#	
	Address				City	State

I, the undersigned, have thoroughly read and understand ALL **"POLICY"** information pertaining to the workshop of interest. I authorize Educational Awakening Center (EAC) to charge my credit card for the specific charges. This authorization is to be held for EAC's information only and will not be released to any unauthorized persons.

Card Holder's Signature: **X**

Date

FOR OFFICE USE ONLY

Balance

Date	Cash	Check#	ccAuth#	Amount	Rcd By	\$



Applicant's
Last Name

First Name

DOB

Mo Day Year

HEALTH INFORMATION

1. Have you had any type of therapy/counseling session in the past? Yes No
 If **Yes**, for how long? _____
 When was your last session? _____
 Are we authorized to contact your physician/therapist? _____
2. Have you been hospitalized for any reason in the last 5 years? Yes No
 If **Yes**, provide reason: _____
3. Are you currently on any form of prescribed medication? Yes No
 If **Yes**, provide name of medication and dosage: _____
4. Do you have any physical conditions we need to be aware of? Yes No
 If Yes, please explain: _____

AGREEMENT

By applying for the workshop selected, 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 related to the workshop in which I have registered.

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 have answered all of the above questions correctly, to the best of my knowledge, and 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 may 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.

Signature: **X** _____ Date: _____

In order to contribute to the environment, all EAC correspondence is sent solely via email. Please **re-confirm** your email address:

E M A I L

Please print