

# Certificate Program in Imagery Registration Form

**Directions and Travel Information:** Information will be mailed (map, transportation, etc) with a confirmation letter approximately one month prior to the workshop. Workshops are held at conducive retreat centers or at sponsoring facilities. **Fill in specific accommodations fees under Tuition and Accommodations Fees page**

**Refund Policy:** Full tuition and accommodation fee (minus \$20 processing fee) will be refunded if written cancellation received 30 days prior to workshop date. No refund if notification occurs less than 30 days. Tuition may be applied to future workshops.

**Registration:** Retreat space is limited. Please register at least ONE MONTH prior to workshop. (Checks/ credit card charges processed one month prior to workshop) Send the registration form, tuition and accommodation fees to the address below (if paying by check) at least one month in advance. May fax if using credit card.

**Beyond Ordinary Nursing  
PO Box 8177  
Foster City, CA 94404  
voice/fax (650) 570-6157**

Date of Workshop: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H)(\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ Profession: \_\_\_\_\_ State \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Tuition / Accommodation Fees

**Registration**

**Enter appropriate fee**

Phase I	\$ _____	\$575.00 (3 days)	
Phase II	\$ _____	\$575.00 (Eve + 3 days)	Attendance of first evening is required
Phase III:	\$ _____	\$575.00 (Eve + 3 days)	Attendance of first evening is required
Phase IV:	\$ _____	\$575.00 (Eve + 3 days)	Attendance of first evening is required
AHNA Discount/U of M/Affiliates	\$ _____	-- \$ 25.00	AHNA # _____
Late fee	\$ _____	+ \$ 25.00	Late fee if registration received less than 1 month prior

Signature: \_\_\_\_\_

**Accommodations: See Tuition and Accommodations page for your location to fill in fees below.**

Single \$ \_\_\_\_\_  
 Double \$ \_\_\_\_\_  
 Commuter fee: \$ \_\_\_\_\_

Total enclosed: \$ \_\_\_\_\_ Visa# \_\_\_\_\_ Date exp: \_\_\_\_\_  
 Mastercard# \_\_\_\_\_ Date exp: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ I give permission for my name, address, and telephone number to appear on a list for participants.

\_\_\_\_\_ How did you hear about the program?

