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## PSYCH-K® Workshop Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State / Country \_\_\_\_\_ Zip (Postal Code) \_\_\_\_\_

Home Ph: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Ph: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Ph: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax Ph: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**I am registering for:** (Please put date of workshop below)

\_\_\_\_\_ PSYCH-K® Basic Workshop (Includes Book) Amount \$ \_\_\_\_\_  
Workshop Date

Payment Method: \_\_\_\_ Check \_\_\_\_ Credit Card\*  
\_\_\_\_ Visa or \_\_\_\_ Master Card

\*Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 digit security code (on back of card) \_\_\_\_\_

### Instructions:

Please fill out this registration form, typing or printing clearly.

Submit form with payment to Nancy Burns, 755 Jonive Road, Sebastopol, CA. 95472

- Cancellation Policy: Amount exchanged for workshop participation may be transferred to another workshop offered by Turning Over A New Belief, or a refund of amount paid less \$50 administration fee.
- Privacy Policy: No information will be shared, rented or sold to anyone for any reason. Information will be used for PSYCH-K® records and communication purposes only.

*I have read, understand, and agree to the statements above:*

Signature \_\_\_\_\_ Date \_\_\_\_\_