

# BASIC Seminar Registration

Seminar City \_\_\_\_\_ Attendance Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name you prefer to be called by (for your name tag) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Best time to reach me is:	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening
at:	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth	Month	Day	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Single  Married  Other  Children? Ages? \_\_\_\_\_

Referred to *psi seminars* by \_\_\_\_\_

What do you want to accomplish by participating in this course?

1.	
2.	
3.	

PSI SEMINARS requires the following information to process your application to attend. Please answer the following questions by checking the appropriate answer.

a.	Have you any history of psychiatric disorder?	Yes	No
b.	Have you been institutionalized for mental illness within the last 12 months?	Yes	No
c.	Are you now or have you been within the last 6 months undergoing treatment by a psychiatrist or psychologist?	Yes	No
d.	Are you pregnant?	Yes	No

Please explain any of the above questions checked Yes
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### PSI Basic Tuition Refund Policy

*The tuition is non-refundable, except for those attending all 6 consecutive sessions. A request must be made in writing no later than 48 hours after the end of the Basic Seminar. A \$75.00 processing fee will be applied.*

*All monies held can be transferred one time only to other PSI programs and/or products, and may be applied to the cost(s) at such time. All monies held must be utilized within 12 months from the date of the initial payment or it is forfeited. If I choose to transfer to another seminar date or other PSI programs and/or products, I understand that there will be a \$100.00 transfer fee assessed. All transfer requests must be in writing and have Main Office approval.*

**I HAVE READ AND UNDERSTAND THE ABOVE REFUND POLICIES**

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**psi seminars** is hereby authorized to charge my

Circle One



Account number	
Expiration date	
CVD# (from back of credit card)	
Amount	<b>\$695.00</b>
For	<b><i>Basic Seminar</i></b>
Signature	
Printed name	
Phone number	
Date	
City	