**Audit/Refresher Registration for Module 1,**

**the HANDLE® Practitioner Course**

**October 13 through October 22, 2014**

**Sponsored by Thoughtful Therapies**

***HANDLE Interns and Practitioners****: You are welcome and encouraged to join our Pennsylvania Practitioner Course. Please fill out this registration form so we may assure space, materials and accommodation as needed. Participation will be determined on a first come, first served, space available basis.*

Name:

Date:

Mailing address (include post code):

Physical address (if different from above):

Home phone:

Work phone:

Cell phone:

Email:

Skype name:

Date of Screener Certification:

Screener Instructor:

Date of Practitioner Certification:

Practitioner Instructor:

Date of commencement of Internship (for Interns only):

I wish to attend *(please color or bold or place a mark on one or more):* \_\_\_\_\_In order to meet re-certification requirements \_\_\_\_\_in order to resume my Internship \_\_\_\_\_in order to refresh my skills \_\_\_\_\_in order to refresh my knowledge \_\_\_\_\_in order to help with the course \_\_\_\_\_other (please describe)

I wish to attend on the following dates:

I wish to attend classroom sessions via a live stream program:

I wish to participate in the Distance Learning:

I wish to attend the following topics/sessions:

I will need accommodation on these dates:

I wish to share in the cost of communal organic food during my attendance:

I will be attending as a: 🞏 Refresher: $600 🞏 Auditor: $0 🞏 Long distance Auditor: $5 per day

Special needs or considerations while participating in this course (nutritional, environmental, medical, scheduling, hypersensitivities, other):

I understand that I am responsible for venue, catering and/or accommodation costs if applicable.

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Name (considered as acknowledgement of the above statement) Date