

Registration Form - Non-Credit Workshop



Complete one Registration Form for EACH participant. All info is required. Please print.

Your Name: _____
E-mail: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Date of Birth (mm/dd/yy): _____

How did you hear about this workshop? _____

Workshop Name and Dates:	_____
Name of person co-registering with you (if applicable):	_____
Fees for workshop:	_____

*Academic credit is not provided for workshops. Continuing Education (CE) credit may be available in some cases.
If applicable, would you like to receive a Continuing Education certificate for this workshop? Circle one: Yes No

Payment plans are available for courses over \$200. Payment must be received in full within 30 days of the last class meeting. Cancellation in writing may be made up to 2 weeks before the first class meeting for a full refund. Cancellations within 2 weeks of the first class meeting will be subject to a \$50 cancellation fee, or the cost of the workshop, whichever is lower. No refunds are available to participants who miss all or part of the workshop. No refunds will be issued for books or other supplies required.

- A. Nudity and sexual conduct is strictly prohibited during workshops. Additionally, you are requested to respect your own and others' boundaries. During this workshop, you may give and receive touch to the hands, wrists, arms, head, neck, back, shoulders, feet, ankles, and legs.
- B. Workshop participants are asked to dress appropriately for each session. Please wear clothing that is easily removable and will allow full access to the body regions named above (if required for the workshop).
- C. To protect your health and the health of other participants, medical conditions such as the following require consultation with an IPSB staff member prior to attending the workshop. A physician's written consent may also be required.
 - Skin eruptions, rashes, large bruises, burns, open wounds, varicose veins, systemic infections (flu, chicken pox, measles, strep throat, mono, polio, or other infectious conditions), inflamed joints, tumors or undiagnosed lumps, edema, diabetes, bone fractures, pregnancy, certain cancers, heart and related problems.

Please describe any medical conditions you are experiencing: _____

- D. Participants must be free from alcohol and drugs during the workshop. Please list all prescription drugs you are taking:

- I understand the clothing requirements to attend an IPSB workshop, and I will arrive appropriately dressed each day.
- I understand that I must follow IPSB guidelines for appropriate classroom conduct, and that I will give AND receive touch to the body, as described in A, above.
- I have none of the medical conditions described in above, I will inform IPSB of any relevant change in my medical condition.
- I agree to be free from alcohol and non-prescribed drugs during the workshop.

Signature of Participant _____ Date _____

To complete enrollment please come by, call, mail or fax your registration form to:

IPSB Admissions Office
9025 Balboa Avenue, Ste 130, San Diego, CA 92123
Phone: (858) 505-1100 Fax: (858) 565-4118
Email: admissions@ipsb.edu

----- FOR OFFICE USE ONLY -----

Date Received: _____ Entered into CV Staff Initials: _____