**DIGNITY RECOVERY THERAPY-1**

With

Aida Reyes, MA, CHT Bob Hafner, LMHC

(305)345-3498 (786)236-7927

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please enroll me in this workshop!!!

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To reserve your spot, please indicate deposit method of payment (minimum $200.00)

Check \_\_\_\_\_\_\_\_\_\_\_Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check your preferred method of payment.

# (NOTE: Tuition totals do not include Room & Board costs of $275 for each weekend)

**Dates of the weekends:**

March 22-24, 2024

April 26-28, 2024

May 17-19, 2024

June 14-16, 2024

**\_\_\_\_\_\_\_\_\_ $2400.00** (200.00) discount if paid in full by March 22, 2024

**\_\_\_\_\_\_\_\_\_ $2600.00** if paid in installments by June 14, 2024

\_\_\_\_\_\_\_\_\_ Beyond June 14, 2024, **add 200.00** to the total balance.

**Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# CVC CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am eager to begin this next step in my growth, and I am committing to myself and to others in the group to complete these 4 weekends.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**