## "LET GO OF WHAT HAS YOU WEEKEND"

With

Aida Reyes, MA, CHT (305)345-3498 

Bob Hafner, LMHC

| Please enroll me in this workshop!                                | !!   |
|---|--|
| Name  |  |
| Address   |  |
| City, State, Zip  |  |
|   | Home ()  |
| E-Mail  | _  |
| <b>\$325.00</b> paid by August 1, 2024                            | <b>\$350.00</b> Full tuition paid by August 23, 2024   |
| Couples: <b>575.00</b> paid by August 1                           | , 2024 Couples: <b>650.00</b> paid by August 23, 2024  |
| Phoeni  | ease send your check to: <b>x Center for Healing, P.A.</b> 14875 SW 238 <sup>th</sup> St.  Homestead, FL 33032 |
| Please answer the following quest                                 | ons:   |
|   | tre of a mental health professional, i.e. Psychiatrist, etc.?  |
| If so, are you currently taking a depressants, anti-anxiety, etc. | medication for your mental health condition, i.e. anti-  |
| If so, please contact Aida and or weekend.                        | Bob, to discuss the extent of your participation in the  |
|   | p in my growth, and I am committing to myself and to e group to complete this weekend.                         |
| Signati   | ure Date   |