



# GESTALT INTERNATIONAL STUDY CENTER

## Registration Form

### For Workshops & Conferences

Name: \_\_\_\_\_ Male:  Female:

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Preferred Mailing Address - Work  / Home : \_\_\_\_\_

City/State/Province/Postal Code/Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Profession (please check all that apply):

Coach  Consultant/OD  Leader/Executive  Psychotherapist  Nonprofit  Educator  Other  \_\_\_\_\_

Professional Affiliations/Associations:

ICF (Int'l Coach Federation)  OD Network  APA  Other (please specify)  \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

If by referral, from whom? \_\_\_\_\_

**Please register me for:**

Program Title	Date	Fee
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\_\_\_\_\_

I am a GISC Member:  I would like to join GISC:  \$125/year

**Total:** \_\_\_\_\_

Invoice my organization:  \_\_\_\_\_

To make payment by wire transfer, please contact the GISC office for bank wiring information.

I have enclosed a check or money order payable to GISC (US funds only):

Charge my: Visa  Mastercard  American Express

Name as it appears on card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cancellation Policy:** Refunds are available up to 21 days prior to a program, less a \$35 administration fee. When cancellation is made with a notice of 20 days or less, tuition will not be refunded, but may be applied to a future program within the next calendar year.

Email, mail, or fax along with your payment to:

**GISC, PO Box 515, South Wellfleet, MA 02663-0515, USA**

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