

*Couples Intensive
Registration:*

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

We would like to schedule a Couples Intensive.

- Possible Dates: _____
- ___ We would like to add an Equus Experience

Facilitator(s): Garet Bedrosian, LCSW, CIRT

Training Location: San Diego, CA at FeatherHeart Ranch in Ramona, CA

I (We) have had Individual or Couples therapy:

Client: _____ Therapist: _____ Dates: _____

Client: _____ Therapist: _____ Dates: _____

Client: _____ Therapist: _____ Dates: _____

Our Hopes and Dreams for Attending the Intensive:

Anything else you want me to know about you:

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit the registration form to confirm intensive availability.

Payments will be made to Venmo: @Garet-Bedrosian

(Please read cancellation policy)