## Keeping The Love You Find Workshop Registration:

| Name                                       |                              |                                    |
|--|------------------------------|------------------------------------|
| Address                                    |                              |                                    |
| City                                       | State                        | Zip Code                           |
| Cell Phone:                                | Email:                       |                                    |
| I would like to attend following Workshop: | a Keeping The Love You Find  | d workshop. I will be attending th |
| o KTLYF Dates:                             |                              |                                    |
|  | ke to add the Equus Worksh   |                                    |
| Facilitator(s): Garet B                    | edrosian, LCSW, CIRT         |                                    |
| <b>Training Location</b> : Sa              | n Diego, CA at FeatherHeart  | Ranch in Ramona, CA                |
| I have had Individua                       | l therapy:                   |                                    |
| Therapist:                                 |                              | Dates:                             |
| Therapist:                                 |                              | Dates:                             |
| My Hopes and Dream                         | ns for Attending the Worksho | p:                                 |
|  |                              |                                    |
|  |                              |                                    |
| Anything else you                          | want me to know about        | you:                               |
|  |                              |                                    |
|  |                              |                                    |
| Signature:                                 |                              | Date:                              |
| Please submit the re                       | gistration form to confirm   | workshop availability.             |
|  | ade to Venmo: @Garet-Bedi    | <u> </u>                           |
| Bedrosian or @garet@                       |                              | 0                                  |
| (Please read cancellation                  | ı policy)                    |                                    |