**REGISTRATION**

Top of Form

**Please select your choice of training**

 September 8: **Creative Community Saturdays,** Nelson, BC
 September 15: **Creative Community Saturdays,** Nelson, BC
 October 20: **Creative Community Saturdays,** Nelson, BC
 October 21: **Creative Community Saturdays,** Nelson, BC

**Bottom of Form**

**First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip/Postal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell/Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABOUT YOU**

Do you work with youth? Circle as appropriate. You may select more than one

Please select your profession:

Teacher Artist Youth Worker Program Leader Counselor

Mentor Coach Trainer Facilitator Other

**What best describes your current employment:**

I work with youth and/or groups through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your age:**

 19-30

 31-40

 41-50

 Over 51

SUPPLEMENTAL

**Do you give permission for Carina Costom Facilitation to use photos or videos of you participating in this training in our future marketing and promotional materials?**

Yes No

**Following the training, would you allow your name and email address to be included on a contact list to be distributed to the class participants?**

Yes No

**How did you hear about this workshop? (You may select more than one).**

Marketing Email Newsletter Website Social Media Friend/Colleague

Referral Other

PAYMENT INFORMATION

**Payment is DUE at the time of registration. Thank you.**

**Payment Method:** e-transfer preferred to ccostom@yahoo.com.

**Select Rate**

 Actual Cost: $150.00

 Scholarship cost: $125.00

 Non-profit rate: $75.00
 Sponsor a peer! At one of the above rates.

**Amount Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Terms and Conditions of Payment**

I do my best to offer trainings at a relatively *affordable* rate to anyone who wants to learn more about arts-based facilitation and using the arts to impact youth. In order to do this I have set the following terms and conditions of payment.

* A full refund, less a $50 Admin fee, will be issued for cancellations
made more than 7 days prior to a Facilitation Event.
* For cancellation times of less than 7 days, I will do my best to offer your place to someone on the waiting list or to offer it for re-sale. If I am able to fill your space in the workshop I will refund your payment minus a $50 processing fee. A refund may not be possible if I am unable to re-fill your space.
* Cancellations of less than 48 hours notice will not be offered a refund.

Please review your answers. Once you have emailed this registration and e-transferred payment to ccostom@yahoo.com you will be registered for this training.