

# CCI-USA ANNUAL WORKSHOP 2023

## REGISTRATION FORM

Tues., May 9 to Sun., May 14 \* Wisdom House, Litchfield CT

Please print neatly.

Name \_\_\_\_\_ Email \_\_\_\_\_

Street address (line 1) \_\_\_\_\_ Cell phone \_\_\_\_\_

(line 2) \_\_\_\_\_ Landline phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

### I am a CCI-trained co-counselor\*, registering for the Workshop:

- \$780 – Shared bedroom, shared hall bath
- \$855 – Private bedroom, shared hall bath (these rooms are limited – register soon!)

### This is my first CCI-USA Annual Workshop:

- No
- Yes - my co-counseling teacher was: \_\_\_\_\_

A **\$25 early-bird discount** is available if this form is post-marked on or before March 1. If you cannot afford the full fee, **bursary assistance** is available. For fullest consideration, bursary requests should be postmarked as soon as possible..

\*If you have been trained in a co-counseling modality other than CCI, please contact Michael Chell (michaelchell@hotmail.com) or Kathryn Bass (kataroobass@gmail.com) ASAP (no later than **April 17** and BEFORE registering) to discuss whether it's possible for you to attend.

### Fee, deposit, and bursary:

- \$ \_\_\_\_\_ My fee (see left)
- \_\_\_\_\_ Less \$25 early bird discount (if postmarked on or before March 1)
- \_\_\_\_\_ Less deposit (50% requested with this form, or pay what you can and add a detailed payment plan on reverse)
- = \_\_\_\_\_ Balance (due from U.S. participants by April 15. International participants may pay their balance at the workshop)

I request the following bursary amount: \$ \_\_\_\_\_.

Donations to help cover expenses are welcome.

I am enclosing a donation of \$ \_\_\_\_\_.

If possible, please pay by check or post office money order, made out to **CCI-USA** in U.S. funds. Any fees paid are refundable for any reason through April 15.

- Check here if you need to use PayPal. We will send an invoice. Please consider donating \$15 to help cover PayPal fees.

### ROOMMATE INFO (if applicable):

I would like to room with \_\_\_\_\_

Please make sure your forms agree. If you are a noisy sleeper, please choose a willing roommate or sign up for a single room.

Assign me roommate(s) at your discretion. I identify as:

- Male  Female  Non-binary/other

I'd be comfortable rooming with persons who identify as: (check all that apply)

- Male  Female  Non-binary/other

**MY DIETARY NEEDS:**  Unrestricted  Vegetarian  Vegan  Other restrictions Please list:

See brochure for details about food restrictions.

**MOBILITY ISSUES:**  None  Yes Please describe:

### HOUSING AND TRANSPORTATION – PRE- & POST-WORKSHOP

If you **NEED** a ride or housing before or after the workshop, please give dates and details here and contact Mike Root (rootm0525@gmail.com):

If you can **OFFER** a ride, housing, or other hospitality for out-of-area participants, please give dates and details here and contact Mike Root (rootm0525@gmail.com):

Please return this form and your deposit (made out to CCI-USA) to the Workshop Registrar:

Paula Lindsay \* 17 Knollwood Dr, Vernon, CT 06066 \* lindsaypaula@sbcglobal.net \* 860-874-5019