

REGISTRATION FORM AND FEE SCHEDULE

SPACES LIMITED. PLEASE RETURN THIS FORM ASAP. THANK YOU!

NAME _____

EMAIL _____

PHONE _____

MAILING ADDRESS _____

IS PART OF YOUR REASON FOR COMING PROFESSIONAL TRAINING? (Y/N) _____

FEE SCHEDULE

APPLICABLE WORKSHOP FEE (Includes all meals - special diets honored - and your choice of 2-3 psychotropic medicines, to be discussed during your interview)

_____ PROFESSIONAL TRAINING PLUS PERSONAL GROWTH \$1,150

_____ PURELY PERSONAL GROWTH \$950

APPLICABLE LODGING FEE (PER PERSON, FOUR NIGHT STAY)

_____ DORM ROOM (Women only) \$400

_____ BUNK BEDS \$700

_____ SEMI-PRIVATE \$1,200

_____ PRIVATE \$2,400

DISCOUNTS OFFERED (off the full fee including lodging):

*5% discount for non-credit card payments**

Plus an additional 10% off for the full amount of non-credit card payments made by June 15th.

And, a 5% discount for each referral of someone who registers.

Please note that 50% non-refundable deposit is required to reserve your space.

(A phone interview, intake form, and medical consent/waiver will be required. Cia Ricco reserves the right to cancel your reservation if after reviewing your intake form and interview, she does not deem the retreat suitable for your needs. If, for any reason, your enrollment is not accepted, you will receive a 100% refund of all monies paid.)

** Payment may be made by PayPal (please use "Friends and Family" option to receive the discount) or Zelle to ciaricco@gmail.com. Alternatively, you can send a check made out to Cia Ricco and mail it to the following address:*

Cia Ricco, 5844 Sandy Pointe Drive, Sarasota, FL. 34233

PLEASE TOTAL:

LODGING TYPE AND FEE _____

APPLICABLE WORKSHOP FEE _____

LESS APPLICABLE DISCOUNTS (please specify) _____

TOTAL DUE _____

PAYMENT METHOD & AMT OF PAYMENT _____

PARTICIPANT SIGNATURE

DATE

Please feel free to email, text, or call with any questions. Thank you for your interest, and I hope to see you there!

Cia Ricco

ciaricco@gmail.com