

CCI-USA ANNUAL WORKSHOP 2022

REGISTRATION FORM

Wed., May 4 to Sun., May 8 * 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:

- \$625 – Shared bedroom, shared bath
- \$665 – Private bedroom, shared 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 are trained in another co-counseling modality, please contact Michael Chell to discuss whether it's possible for you to attend, by April 26 and BEFORE registering (michaelchell@hotmail.com or 413-923-7252). If you wish to register for the Fundamentals, Part 1+ class, contact Judy Hartling (judyhartling@gmail.com or 413-454-1585).*

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 the Bursary Fund will be gratefully accepted.

I am enclosing a donation of \$_____.

Payments must be in U.S. funds. Please make checks out to CCI-USA. Any fees paid are refundable for any reason through April 15, 2022.

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:

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:

If you can **OFFER** a ride, housing, or other hospitality for out-of-area participants, please give dates and details:

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

Sue Mandaville, 2302 Lockport Olcott Rd., Newfane, NY 14108 * 0520susie@gmail.com or 716-946-0356