



ANGELAFX

Psychologist. Couple & Family Therapy



HOLD ME TIGHT WORKSHOP

DR SUE JOHNSON

COUPLES WORKSHOP REGISTRATION

Date & Time:

Venue:

Cost:

PLEASE COMPLETE THE INFORMATION BELOW:

Name and Surname: _____

Email: _____

Cell: _____

Address: _____

Marital Status: _____

Dietary Requirements: _____

Spouse /Partner/fiancé(e)

Name and Surname: _____

Email: _____

Cell: _____

Address: _____

Marital Status: _____

Dietary Requirements: _____

General

What other workshops have you attended?

Where did you hear about the Hold Me Tight workshop?

Reason for attending:



Please download and complete this registration form and email to me with proof of payment to therapy@angelafox.co.za

Bank account details:

Account holder: Angela Fox Practice
Bank: Standard Bank
Branch: Blue route
Branch Code: 025609
Account number: 421485175

Reference: please state your surname /HMT

The fee includes tuition, workshop manuals and tea/coffee breaks and does not include meals or accommodation.

Cancellation Policy:

Space is limited and will be on a first come first served basis.

A minimum number of couples is necessary in order to run a workshop. Should this not be possible, then the full amount will be refunded.

Your registration is fully refundable up to 2 weeks prior to the workshop date. After 14 days prior to the workshop date, your workshop fee will be transferred to another workshop. If you do not attend the workshop on the day, a 50% transfer fee will be applied.

Total payment due:

Name and Surname: _____

Date: _____

Signature: _____



Submit Form