



ELECTIVES REGISTRATION FORM

Please return this form to admin@coreenergetics.org by September 15, 2014.

Name: _____ Phone: _____

Email: _____

- I am in the 1st 2nd 3rd 4th Year of the:
- 4 Year Certification Program
 - 2 Year Personal Growth Program
 - 4 Year Growth & Embodied Leadership Program
 - 5th Year Graduate Program

Please enroll me in the following electives:

<input type="checkbox"/> Basic Clinical Skills • February 23, 2015 Marcia Gleason, LCSW, CCEP & James Brace, LCSW, CCEP Fee: \$75 *	<input type="checkbox"/> Practice Building • February 23, 2015 Barra Kahn & Aidan Fisher Fee: \$75 *
<input type="checkbox"/> Ethics • April 20, 2015 Karin Knoblich, CCEP Fee: \$75 *	<input type="checkbox"/> The Human Energy Field • April 20, 2015 Lynn Kreaden Fee: \$75 *

** plus Room and Board, which will depend on your room choice.*

Total # of Electives _____ @ \$75.00/each = Amount Due: \$_____00.

I wish to pay by:

- Check, for the full amount made payable to *Institute of Core Energetics*, and mailed to Institute of Core Energetics, 150 West 28th Street, Ste. 1803, New York, NY 10001
- Credit Card, for which I will contact admin@coreenergetics.org or call 1.212.982.9637 to provide required credit card information