



Gestalt International Study Center

Registration Form

For Workshops & Conferences

Name: _____ Male: Female:

Company Name: _____ Position: _____

Preferred Mailing Address - Work / Home : _____

City/State/Province/Postal Code/Country: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

Current Profession (please check all that apply):

Coach Consultant/OD Leader/Executive Psychotherapist Nonprofit Other _____

Professional Affiliations/Associations:

ICF (Int'l Coach Federation) OD Network APA Other (please specify) _____

How did you hear about this program? _____

If by referral, from whom? _____

Please register me for:

| Program Title | Date | Fee |
|---------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I am a GISC Member: I would like to join GISC: \$125/year

Total: _____

Invoice my organization: _____

I have enclosed a check or money order payable to GISC (US funds only):

Charge my: Visa Mastercard American Express

Name as it appears on card: _____

Signature: _____

Account Number: _____ Expiration Date: _____

Mail or fax along with your payment to:

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