# Text, letter Description automatically generated

**Integrating Early Imprints Process Workshop**

APPLICATION FOR PROCESS WORKSHOP

18-22 April 2023

Leogang, Austria

Dr. Charisse Basquin

Name: Date:

Date of Workshop: 18-22.7.2023

Address:

Email:

Phone:

I am applying to the process workshop, Integrating Early Imprints, and I agree to the following conditions:

-to abstain from alcohol at least 48 hours prior to and during the workshop, including evenings

-to abstain from recreational and spiritual drug/medication use a minimum one week prior to and during the workshop, including the evenings

-to commit to staying for the duration of the workshop

-**to keep evenings free of commitments because we do not know when each day will complete.**

Please accept my application with non-refundable deposit of €150

Total fee: 775€

CANCELLATION POLICY:

\*If you cancel less than 6 weeks prior to the workshop you will be responsible for full payment of the workshop. However, if we are able to fill your place, you will only be responsible for €75.00. A waitlist will be created as soon as needed.

\*If you acquire Covid you agree to withdraw from the workshop. If you test positive for Covid your deposit will be fully refunded.

\*If I, Charisse, am unable to facilitate the workshop or the governments do not allow me to travel across the borders because of testing positive for Covid, you will be fully refunded.

After I receive your application (e-mail please) and deposit, you will receive an email with the birth and family history questionnaire. I ask that the questionnaire be returned to me no later than 6 weeks prior to the workshop. That gives me enough time to prepare to support you and your intention for yourself.

**Please Note**: *Full acceptance into this workshop is determined* ***after*** *I have received your completed questionnaire. This way, I can assess if this type of work appears appropriate for you and can support the intentions you have for yourself. If I believe this type of work is not supportive of you, I will refund your payment in full.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-Signature

Banking details: Please let me know by email if you have made a deposit.

Bank: Royal Bank of Scotland

Name of account: Charisse Basquin

IBAN: **GB70RBOS83152100204806**

BIC: **RBOSGB2L**

Sort code: 83 1521

Account number: 00204806

Sincerely,

Charisse Basquin