

# From Partners to Parents Couples Workshop

## Registration

Name: #1 \_\_\_\_\_

Name: #2 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Payment amount: \_\_\_\_\_

Due Date or birthdates of children \_\_\_\_\_

Do you plan on bringing your baby to the workshop? \_\_\_\_\_

If yes, a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ full day \_\_\_\_\_

How did you hear about the workshop? \_\_\_\_\_

\_\_\_\_\_

### **PLEASE MAIL TO:**

Lee Safran, MFT  
1562 Oak View Ave.  
Kensington, CA 94707

When both registration and payment (or \$50 deposit) have been received, your space will be reserved and I will email you a confirmation letter with more detailed information.

**Please note there is a one week cancellation policy to receive a refund**, less a \$50 cancellation fee. If you cannot make it to the workshop for any reason, please call at your earliest convenience so that I can accommodate another couple. Please feel free to call me at **510 496-6096** with any questions.