

**THE SANTA BARBARA CENTER FOR CREATIVITY
AND HEALING**

REGISTRATION FORM

I HEREBY CERTIFY THAT I AM IN GOOD HEALTH PHYSICALLY AND MENTALLY, AND THAT I AM FULLY CAPABLE OF PARTICIPATING IN THIS WORKSHOP. I UNDERSTAND THAT THIS IS AN EDUCATIONAL WORKSHOP AND IS NOT OFFERED AS THERAPY. I UNDERSTAND THAT THIS WORKSHOP IS FOCUSED ON TRAINING AND PERSONAL GROWTH AND IS OPEN TO ADULTS ONLY.

SIGNATURE

NAME (PLEASE PRINT) _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE (HOME) _____

PHONE (WORK) _____

EMAIL _____

FAX _____

PLEASE SEND THIS REGISTRATION FORM WITH A CHECK OR MONEY ORDER MADE OUT TO DR. PLUMMER AT

2827 PALOMINO RIDGE LANE
SANTA BARBARA, CA 93105