

CCI-USA INTERNATIONAL WORKSHOP – 2020 REGISTRATION FORM

May 5-10, 2020 at Wisdom House, Litchfield CT

Please print neatly

Name _____ Email _____

Street address _____ Home phone _____

Town/State/Zip _____ Cell phone _____

This is my first CCI-USA International Workshop: NO YES If yes - My co-counseling teacher was: _____

<p>I am registering for the full workshop:</p> <p><input type="checkbox"/> \$680 – Shared bedroom, shared bath</p> <p><input type="checkbox"/> \$815 – Shared bedroom, private bath</p> <p><input type="checkbox"/> \$780 – Private bedroom, shared bath</p> <p><input type="checkbox"/> \$855 – Private bedroom, private bath</p> <p><i>A \$25 early-bird discount is available if this form is postmarked on or before March 5.</i></p> <p><i>Note: We strongly encourage all participants to attend the full workshop. However, there are a limited number of spaces for part-time attendance for newcomers or experienced workshopppers, available on a first-come, first-served basis. Experienced workshopppers also have the option to commute. For more information about these options (some of which are an experiment for this year only), contact Lynn Mahoney as soon as possible at 860-543-1462 or lynnmahon@gmail.com.</i></p>	<p>Fee, deposit, and bursary:</p> <p>\$ _____ My fee (see left)</p> <p>- _____ Less \$25 early bird discount (if postmarked on or before March 5)</p> <p>- _____ Less deposit (50% requested with this form, or pay what you can and add a detailed payment plan)</p> <p>= _____ Balance (due from U.S. participants by April 11. International participants may pay their balance at the workshop)</p> <p><i>Limited bursary assistance is available if you cannot afford the full fee. Requests must be postmarked by March 5.</i></p> <p>I request the following bursary amount: \$ _____.</p> <p><i>Donations to the Bursary Fund are gratefully accepted.</i></p> <p>I am enclosing a donation of \$ _____.</p> <p><i>Payments must be in U.S. funds. Please make checks out to CCI-USA.</i></p>
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ROOMMATE INFO (if applicable):

I would like to room with _____ (Please make sure your forms agree. If you are a noisy sleeper, please choose a willing roommate or sign up for a single room.)

Assign me roommate(s) at your discretion

I identify as: Male Female Non-binary/other (add more info if you wish)

I'd be comfortable rooming with persons who identify as: (check all that apply)

Anyone Male Female Non-binary/other

MY DIETARY NEEDS: Unrestricted Vegetarian Vegan Other restrictions Please list:

MOBILITY ISSUES: None Yes Please describe:

HOUSING AND TRANSPORTATION NEEDS AND OFFERS (before the workshop):

I need a ride from (specify which airport, train/bus station, or town) _____

I need housing (specify dates) _____

I can provide housing for travelers (specify dates) _____

I can help with rides from (specify which airports, stations, or towns) _____

Post-workshop needs should be arranged on your own or at the workshop.

Please return this form and your deposit (made out to CCI-USA) to Lynn Mahoney, 13 Columbus St., East Hartford, CT 06108.
lynnmahon@gmail.com or 860-543-1462