

# Registration Form

(to register and pay online go to Carolinasgps.org)

Name:

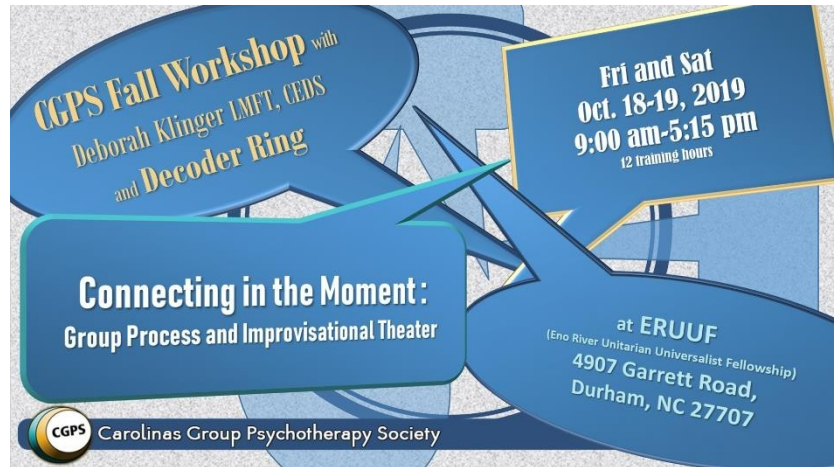
Address:

Phone:

E-mail:

Occupation:

Special dietary requirements:



## Workshop Fees

(Includes continental breakfast, snacks and lunch)

\$300	CGPS Member (\$270 by Sept 30 <sup>th</sup> )	_____
\$365	Non- and renewing member (\$335 by Sept 30 <sup>th</sup> )	_____
	Apply \$65 of this fee for membership dues thru Dec 2020	yes or no
\$150	Student CGPS members (\$120 by Sept 30 <sup>th</sup> )	_____
\$175	Full-time student (\$145 by Sept 30 <sup>th</sup> )	_____
	Apply \$25 of this fee to for membership dues thru Dec 2020	yes or no
	Donation to CGPS Scholarship Fund	_____

Optional SR-AHEC 12 hrs CEU certification of training, \$15 to be paid at the workshop by check or cash.  
(included in registration at no additional cost is a CGPS certificate for 12 continuing education contact hours)

**Total** \_\_\_\_\_

Enclose check payable to Carolinas Group Psychotherapy Society.

Mail to **Esther Swim-Wright, CGPS Workshop registrar,**  
**130 Hunt St, Unit#207, Durham NC 27701**

Questions: Esther Swim-Wright 919-695-7276 or  
[workshopcoordinator@carolinasgps.org](mailto:workshopcoordinator@carolinasgps.org)

Limited scholarships are available; For information, contact [workshopcoordinator@carolinasgps.org](mailto:workshopcoordinator@carolinasgps.org)





**Carolinas Group Psychotherapy Society**

**2019 Fall Conference**

**Connecting in the Moment: *Group Process and Improvisational Theater***

**Informed Consent**

As this conference/workshop includes an experiential small group component, by my attendance, I am agreeing to participate in an experiential small group. In the small group, I understand that I will be encouraged to share my personal reactions, and to hear the personal reactions of others, as part of the learning experience. I acknowledge that this can involve the experience of potentially difficult emotions. As this conference/workshop is designed to be primarily a training experience, not a therapeutic experience, I acknowledge that have resources outside of this conference that I can call upon to help me manage any difficult feelings that may result from my participation (e.g., access to a psychotherapist or consultant).

The boundaries and expectations of privacy and confidentiality will be discussed at the outset by my group leader. I acknowledge my shared responsibility to maintain those boundaries and expectations, and I agree to respect the confidentiality of all participants.

I also agree not to record any parts of this program, including the experiential small group.

My signature below acknowledges that I have read, understood, and agree to abide by these terms.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)