Workshop Registration Form

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REGISTRATION

Name:	
Mailing Address:	
Email Address:	
Preferred Phone Number:	
Who should I contact in an emergency?	
Name:	
Address:	
Phone Number:	

WORKSHOP GUIDELINES

- 1. Workshops are a confidential setting. Please do not share the identity or details that could reveal the identity of any workshop participant past, present, or future.
- 2. You are invited to share your thoughts, learnings, and issues as *you* wish throughout the workshop.
- 3. When you do share, please speak from "I."
- 4. When seeking something from other participants, be specific about what you want from the group (e.g. support, ideas, or education).
- 5. Be mindful of sharing time with all participants. Sometimes space and/or silence are needed to help participants find and express their voice.

INFORMED CONSENT

Workshops are offered for personal growth and are not counseling or psychotherapy. Workshops offer opportunities for education, skill building, and Self-Recovery. Workshops are not intended to offer or replace the specialized training and professional judgment of a health care or mental health care professional.

I am voluntarily participating in this workshop for my own benefit and at my own risk. I agree to hold Nancy L. Johnston harmless and safe from any and all liabilities If I have any doubt about the impact this workshop may have on my emotional, mental, physical or spiritual well-being, I will consult with my doctor or mental health professional prior to my participation. Further, I agree to take full responsibility for my own emotional and physical health and well-being during workshops and thereafter.

I agree to respect the confidentiality of all participants in this workshop and to refrain from repeating or discussing personal details shared during the workshop other than my own learnings about my Self.

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Signature:	Date:

Please return this completed form and your payment to:
Nancy L Johnston
30 Crossing Lane, Suite 202
Lexington, VA 24450