Getting the Love You Want Workshop Registration:

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

I would like to attend a Getting The Love You Want workshop with my partner. I will be attending the following Workshop:

- **GTLYW Dates:** _____
- ____ **We would like to add the Equus Workshop**

Facilitator(s): Garet Bedrosian, LCSW, CIRT

Training Location: San Diego, CA at FatherHeart Ranch in Ramona, CA

I (We) have had Individual or Couples therapy:

Client: _____ Therapist: _____ Dates: _____
Client: _____ Therapist: _____ Dates: _____
Client: _____ Therapist: _____ Dates: _____

Our Hopes and Dreams for Attending the Workshop:

_____

_____

_____

Anything else you want me to know about you:

_____

_____

_____

Signature: _____ Date: _____
Signature: _____ Date: _____

Please submit the registration form to confirm workshop availability.
Payments will be made to Venmo: @Garet-Bedrosian
(Please read cancellation policy)