

Characterological Growth Registration:

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

If attending as a couple

2. Partner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

I would like to attend a Characterological Growth workshop. I will be attending the following Workshop:

- **Characterological Growth Dates:** _____

Facilitator(s): Maya Kollman

Fee: \$600

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

Although it's not necessary, please tell us about Imago Trainings/Therapy you've had.

Course: _____ Dates: _____

Course: _____ Dates: _____

Course: _____ Dates: _____

Course: _____ Dates: _____

Therapy: _____ How Long: _____

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 or Zelle @Margaret Bedrosian or

[@garet@garetbedrosian.com](mailto:garet@garetbedrosian.com)

(Please read cancellation policy)