

DIGNITY RECOVERY THERAPY-1

With

Aida Reyes, MA, CHT
(305)345-3498

Bob Hafner, LMHC
(786)236-7927

Please enroll me in this workshop!!!

Name _____

Address _____

City, State, Zip _____

Cell Phone (____) _____ Home (____) _____

E-Mail _____

To reserve your spot, please indicate deposit method of payment (minimum \$200.00)

Check _____ Credit Card _____ Cash _____

Please check your preferred method of payment.

(NOTE: Tuition totals do not include Room & Board costs of \$290 for each weekend)

Dates of the weekends:

February 21-23, 2025

March 21-23, 2025

April 25-27, 2025

May 30-June 1, 2025

_____ **\$2450.00** (200.00) discount if paid in full by February 21, 2024

_____ **\$2650.00** if paid in installments by June 1, 2025

_____ Beyond June 1, 2025, **add 200.00** to the total balance.

Credit Card Number: _____ ZIP _____

Credit Card Expiration: _____

CVC CODE: _____

I am eager to begin this next step in my growth, and I am committing to myself and to others in the group to complete these 4 weekends.

Signature

Date