The Enneagram Center of Ashland
Registration Form

Participants(s): **Name** **Age** **Type (if known)**

_____

_____

_____

_____

How well does each participant know the Enneagram?

_____

_____

_____

_____

Have any or all of the participants attended Enneagrams workshops, retreats or seminars in the past?

_____

_____

_____

_____

Title and date of the workshop, retreat or presentation for which you are registering: _____

_____

Contact information (phone, email, address): _____

_____

_____

_____

_____

To complete your registration and reserve your space, please print out this form and return it with a check or money order, for $25 per person to:

Carl Marsak
339 Morton St.
Ashland, OR 97520

This deposit is fully refundable up to three days in advance. After that, it may be applied to a future event.