

SCS Matters, LLC

Registration Form



NAME: _____
 (Print your name as you want it to appear on your certificate.)

NAMETAG: _____
 (Print your name as you want it to appear on your name tag.)

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

Workshop names, dates, and the investment for each are listed on the SCS Training

WORKSHOP	DATES	INVESTMENT
SCS Level 1: Healing with Energy		\$
SCS Level 2: Healing with Language		\$
SCS Level 3: Healing with Energy and Language		\$
Pre- and Postsurgical Support		\$
Introduction to NLP		\$
Licensed Practitioner of NLP		\$
Licensed Master Practitioner of NLP		\$
The Power of Presence: Seeing the Divine in Everyday Life: 7 Keys to More Joyful Living		\$
Touch for Tots		\$
Special Discount—Name (Early Bird, etc.):		\$
SCS Level 4 or 5		\$
Audit Only (\$25 a day)		\$
	TOTAL	\$

Schedule, available at http://www.scs-matters.com/scs_schedule.shtml 

Please continue on the next page:

Please read the following agreement carefully, and then sign and date this form. Send this form (both pages) along with your check made payable to SCS Matters, LLC, for the registration fee (or for the nonrefundable deposit) to SCS Matters, LLC, 4230 Lincoln Avenue, St. Joseph, MI 49085.

AGREEMENT: Although I may experience significant transformation and healing in the context of this training, the information presented and exercises are designed for learning purposes and should not be considered a substitute for appropriate medical or therapeutic intervention.

I understand that SCS certification is by license from SCS Matters, LLC, and that only those who have completed SCS Level 5 and are licensed as SCS Trainers are authorized to teach SCS technologies.

I understand that certification in Pre- and Postsurgical Support with SCS is by license of SCS Matters, LLC, and that only those who have received authorization from SCS Matters, LLC, are licensed to teach Pre- and Postsurgical Support with SCS.

I understand that portions of the training may be audio- or videotaped and give my permission for appropriate use of such audio and video recordings.

I agree to complete the workshop application form required for SCS and NLP workshops and to pay the workshop fee in full (cash, check, or credit card) before the scheduled training date unless special arrangements have been made for extended payments.

The workshop application form is available at the following Web addresses:

- **Printed form:** <http://www.scs-matters.com/Download/workshop-application.pdf>
- **Online form:** <http://www.scs-matters.com/workshop-ap.shtml>

Signed:

Date: _____

Print: _____

Please mail this document along with your completed workshop application form to SCS Matters, LLC, or send them as e-mail attachments to debra@scs-matters.com

SCS Matters, LLC
Subtle Communication Systems
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