



Continuing Education Seminars for Wellness Therapists

We welcome your membership and hope you will become a vital part of your professional development community. Members will receive pre-registration information, workshop discounts and email newsletters.

Yes. I would like to become a member of CESWT. Membership Cost: \$35

I have enclosed \$_____ to reserve my 1-year membership

Please reserve space for me in all Three Workshop Sessions

COST: \$185 _____ with Membership OR \$200 _____ without Membership

Please reserve space for me in these individual Workshop Sessions

COST: \$65 with Membership OR \$75 without Membership

Please reserve space for _____ for Session I \$65 _____ \$75 _____

Please reserve space for _____ for Session II \$65 _____ \$75 _____

Please reserve space for _____ for Session III \$65 _____ \$75 _____

Total Enclosed: \$_____

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Home: _____ Work: _____

Email address: _____

Wellness Category: _____

If you are joining our organization and would like to be in our web site membership directory, please initial:

_____ I give my permission to be listed on the ceswt.org web site membership directory.

Please make check out to: CESWT and mail it along with this application.

Please print, fill out and mail to: CESWT
626 Walnut Ave., Suite A
Grand Junction, CO 81501