



**Beacon Associates, Inc.**

# PSYCH-K® Workshops

## Advanced Integration Workshop Registration

*Pre-requisite - Satisfactory Completion of the Basic Workshop*

### 4 - Day Advanced Integration PSYCH-K® Workshop

**January 12-15, 2012**

Thursday: 8:30 am - 5:00 pm  
Friday: 9:00 am - 5:00 pm  
Saturday: 9:00 am - 5:00 pm  
Sunday: 9:00 am - 5:00 pm

#### Location:

**Holiday Inn Arrowood**  
805 W Arrowood Rd  
Charlotte, NC 28217  
704-971-8720

Print and send this completed form  
with your payment to:

**Beacon Associates, Inc.**  
**1252 Mayfair Drive, NE**  
**Atlanta, Georgia 30324**

or

Fax to: (404) 679-5391

For information, registration and payment  
Contact: Bernice or Jonas (Yonie)  
Werzberger at: (404) 329-9785

or

Email: [beacon9@mindspring.com](mailto:beacon9@mindspring.com)

[www.beaconassociates.biz](http://www.beaconassociates.biz)

**Please register me for the PSYCH-K® Advanced  
Workshop.**

\_\_\_\_\_ \$710.00 Full Registration

\_\_\_\_\_ \$660.00 Pre-registration and Paid in Full by 1/6)

\_\_\_\_\_ \$50.00 Deposit required to hold your place. Balance due  
by 1/6. If paid at door, full balance required.

#### Special Opportunity:

\_\_\_\_\_ \$610.00 Full Registration with \$100.00 deposit given at  
Basic Workshop. Balance of \$510.00, save \$100.00 dollars.

#### Payment Methods:

\_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
please print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I have taken the Basic PSYCH-K® Workshop

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

This application may be faxed to (404) 679-5391 to reserve space.