**Gestalt Practicum Registration Form**

July 30-August 4, 2016

**Name:**

**Email:**

**Phone:**

**Address:**

Have you completed one or more required prerequisites for this workshop?

If yes, which one(s)? (If more than one, only list up to the three most recently attended.)

If no, which workshop(s) will you be attending to fulfill the prerequisite?

Are you considering continuing on to the long-term study program following the practicum?