

The 2009 Southern California Bioenergetic Conference  
**Registration Form**

CUT PAGE AND COPY BEFORE MAILING \* **PRINT AND COMPLETE ENTIRE FORM** \* ONE FORM PER REGISTRANT

Name: (as you want to appear on your badge)

For Therapists: License or Intern #:

Street: City: Zip:

Country: Email: Fax:

Contact Phone Number(s):

**Registration Fee:**

Early registration fee (must be received by 11-01-2009): IIBA Member \$365 Non-IIBA \$390  
Registration fee (after 11-01-2009): IIBA Member \$465 Non-IIBA \$490

**Save \$100 when  
you register before  
November 10!**

Condolet (double) \$540  
Cedar lodge (single) \$630  
Guest Fee (conference non-participant) \$185 (per night)  
Guest Name: Lodging Dates:

**22 CEU CREDITS:** (\$15 per license): Ph.D. MFT LCSW # of Licenses @ \$15 each

**TOTAL CONFERENCE COST:**

**CONFERENCE DEPOSIT:** (your accommodation fee)

**My Balance Due by January 15, 2009:**

**METHOD OF PAYMENT: NEW! Pay through PAYPAL!**

Payment in full enclosed (Make check payable to SCBC)

Deposit (accommodation fee) enclosed with balance due on January 15, 2009

**Paypal** Go to: [www.SDIBA.org](http://www.SDIBA.org) to pay by credit card

**PROCESS GROUP PREFERENCE:** (see previous page descriptions) *\*Required information\**

Non-Therapist Group Graduate/CBT Group Bioenergetic Student Therapist Group Faculty Group

**PERSONAL INFORMATION:** (all conference attendees)

I am an IIBA Member (Society/Institute): \_\_\_\_\_

I have completed Bio Curriculum. I am currently a Bioenergetic Student Year: 1 2 3 4 Institute: \_\_\_\_\_

I have had personal Bioenergetic Therapy. Number of years in Bioenergetic Therapy: \_\_\_\_\_ Current Therapist (to be used for grouping purposes only): \_\_\_\_\_

I have had no Bioenergetic Therapy. This is my first Southern California Bioenergetic Conference.

I want all vegetarian meals throughout the conference.

If you are staying in a Condolet, you may indicate one roommate : \_\_\_\_\_ (please confirm with them)

Any special needs? \_\_\_\_\_

**Refunds: Minus \$50.00 processing fee before Nov 10 \*After Nov 10 and before Feb 10, minus \$50 processing fee and 1 night's lodging.  
\* After Feb 10 refund conference fee minus \$50 processing fee\***

**I have read and understand the refund policy:**

Signature

**Mail Your Registration to: SCBC, 13243 Lamplite Lane, Lakeside CA 92040  
For SCBC Information, email us at [SCBC@cox.net](mailto:SCBC@cox.net) or call (619) 302-3145**

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