



Registration Form

Registration is for SPA only. Hotel and travel arrangements are sole responsibility of participant.

***A counselor will contact you for a brief phone interview prior to SOAR SPA.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please check one: _____ Survivor _____ Supporter Relationship to Survivor: _____

Emergency Contact Person: _____

Phone: (____) _____ Relationship to Survivor: _____

What type of sexual trauma did you experience? _____

Have you received counseling? ___ yes ___ no If yes, how long? _____

Have you been diagnosed with a dissociative disorder? ___yes ___no

Dietary requests/restrictions: _____

May we share your contact information with the other participants?

_____ Yes, but only email _____ No

Payment: _____ \$50 Early bird registration (due by 04/22/2011) _____ \$75 Registration

My check is enclosed: _____ Charge my Credit Card: ___ VISA ___ MC ___ AMEX

Card Number: _____ Exp. Date: _____ CVC Code: _____

Name as it appears on card: _____

Billing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

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