

SAR IN THE CITY

APRIL 29-30, 2018

EMAIL FORM TO SAR@MCFSNY.COM

To register, complete and sign this form and email to SAR@mcfsny.com or fax to 914-683-0974. Then, to pay by credit card, call 914-328-3700 and ask for Amanda, or mail with payment to: Maze Women's Health, 2975 Westchester Ave, suite G03, Purchase, NY 10577

REGISTRATION FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

BILLING ADDRESS (IF DIFFERENT)

PHONE NUMBER _____

EMAIL ADDRESS _____

BUSINESS TITLE _____

DEGREES HELD _____

I understand that the SAR will be an opportunity for many individuals of varying backgrounds to share their perspectives and views. I am committed to ensuring that the SAR be maintained as a "safe space" for individuals to air their personal outlook and concerns and I pledge to maintain both confidentiality and a sense of mutual respect in all discussions, even if I find the viewpoints of others to be difficult. I understand that if I become disruptive to the group I will be asked to withdraw and I will not be entitled to credits earned during the course.

SIGNATURE

DATE