CARING FOR THE CAREGIVER GETAWAY WEEKEND RETREAT APPLICATION

(Please email completed form to info@romanmusictherapy.com or fax to 781-224-3306)

Name: _____

Mailing Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Place of Employment: _____

Website (if applicable): _____

Are you a Board Certified Music Therapist? Yes ☐ No ☐

What inspired you to attend the Music Therapy Getaway Weekend Retreat?

Please describe your current work situation.

With which populations do you currently work?

Are there particular areas related to self-care, clinical supervision, or business coaching that you would like to address during your weekend experience?

When we complete our Caring for the Caregiver Getaway Weekend Retreat, how will you know that it has been successful for you?

Do you have any food allergies we should be aware of as we meal plan for the weekend?

Please select your room preference

___ Shared Room, Shared Queen Bed

___ Shared Room, Twin Bed

All accommodations will be shared. Is there anyone participating in the weekend that you would like to room with?

The total cost of the retreat is $950. A $350 deposit is due with your application. The balance of $600 will be due two weeks after your application is approved. Would you like the option of a payment plan? A $15 surcharge will be applied to each payment and payments will be due on the first of each month. You will receive a credit card authorization form that must be returned back to us.

_____ No, please bill me $600 once my application has been approved

____ Yes, please sign me up for the payment plan

Is there anything you want to tell us about your personality, temperament, or style that will help us to facilitate a positive experience for you?