

Suzann Lawry, Ph.D.

Licensed Clinical Psychologist

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Workshop / Seminar  
Consent

I am attending a workshop with Dr. Suzann Lawry entitled

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I understand that in this workshop I will gain information and skills to address my concerns. Although the workshop will have psychological content, I understand the format is a workshop, not therapy.

Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

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