



## Fall Schedule 2008

Launching this Fall:  
[www.leahmatalon.com](http://www.leahmatalon.com)

### CONSTELLATION WORKSHOPS Fall 2008 \*

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*Please pre-register so that you can be assured of a space and to receive update emails about possible time and location adjustments.*

#### **Systemic Family Constellation Evening Workshop**

Tuesday, September 16, 2008, 6:30 – 10 PM, \$75

At the home of Questa Anderson

1165 Fifth Avenue (98th St.), New York City

#### **Mandala / Family Constellation Full-Day Workshop**

Sunday, November 2, 2008, 9:30 AM – 6 PM, \$125

Moonheart Healing Arts Center

59 W. 19th Street (5<sup>th</sup>-6<sup>th</sup> Aves), 3rd floor, New York City

NOTE: In this newly developed innovative workshop, we will be joined by Shamanic practitioner Anne Wennhold who will lead us in creating Family Mandala drawings, which will be an extraordinary, insightful experience. We will then use the drawings as catalysts for Constellation work in the afternoon. All materials for the Mandala drawing are included. This workshop will be sure to facilitate deepened healing work.

#### **Systemic Family Constellation Evening Workshop: Illness, Love and Healing**

Wednesday, December 10, 2008, 6:00 – 10 PM, \$75

Location TBD, please check the website \*

NOTE: We will deepen this theme in a full-day workshop in January. Please come: the pre-holidays are a great time to begin your own and the family healing process!

\* For Constellation Workshop descriptions, further information, and to register using a credit card, please go to [www.leahmatalon.com](http://www.leahmatalon.com). To register with a check, please fill out and mail the form on the following page.

### PROCESS ACUPRESSURE WORKSHOPS Fall 2008 / Upcoming 2009 \*\*

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#### **Process Acupressure 1: Gateway to Soul**

Thursday through Sunday, November 6 – 9, 2008

Silver Spring, Maryland

#### **Advanced Process Acupressure: Living in Soul**

Thursday through Sunday, March 26 – 29, 2009

Maryland/Washington DC area

#### **Process Acupressure 2: Processing of Parts**

Thursday through Sunday, November 5 – 8, 2009

Maryland/Washington, DC area

#### **Process Acupressure 1: Gateway to Soul**

2009 Date TBD, please check back the website \*\*

In or around White River Junction, Vermont

\*\* For Process Acupressure Workshops, descriptions, fees and further information and registration, please go to [www.soullighting.com](http://www.soullighting.com)

## Workshop Registration – Please Return with Payment by Mail

Please print out and fill in the entire form, sign below, and mail to register, or register online using *PayPal*. Via email, it is possible only to **pre-register**. *You are not registered and space is not guaranteed until payment is received.* Please use a separate form for each person registering. Thank you. See you soon!

Please indicate which workshop you wish to attend: \_\_\_\_\_

Workshop Date: \_\_\_\_\_ Workshop Location: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Payment: My check made out to “Leah Matalon” is enclosed in the amount of \$ \_\_\_\_\_ Check no. \_\_\_\_\_

After signing below, please mail this registration and agreement with your check to:

Leah Matalon, 115 East 87<sup>th</sup> Street, Apt 30C, New York, NY 10128

## Educational Workshop Agreement

*All workshop participants must sign the following prior to the start of the workshop in order to attend.*

Disclaimer:

I understand that this workshop may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. Further, I understand that I may experience mental, emotional, physical, or spiritual distress.

The workshop is designed as an educational venue only. This workshop is not designed as a substitute for therapy or as a substitute for any other form of professional consultation.

What is experienced in this educational workshop may create physical responses on my part or on the part of other participants. I understand that there is the risk of accident or distress. I agree to assume this risk, including but not limited to the types of responses described. I confirm that I do not suffer from any mental or physical impairment that might make it inadvisable for me to assume such risks.

By signing below, I willingly agree to the preceding statements and to hold harmless from all liability, the facilitator, the organizers, the venue, and all participants and observers attending this workshop.

I understand that I may leave any of the presentations at any time for any reason.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Participant name (print) \_\_\_\_\_