

Advanced Healing Academy Registration

November 2025 – June 2026

Tiger Mountain Counseling LLC
22431 NE 60th St
Redmond, WA 98053
(425) 281-1407



Program Dates:

Sept 11-13 (Optional Let Go Workshop)
Nov 6-8, 2026
Dec 11-13, 2026
Jan 8-10, 2027
Feb 5-7, 2027
March 12-14, 2027
April 16-18, 2027
May 14-16, 2027

Your registration and a \$500 deposit reserves your spot. Contact Tom if you have any questions or would like to pay over the phone: (425) 281-1829.

Register me for: _____ AHA Only

Name _____

Address _____

Phone: _____ Email: _____

Tuition Payment: (check one)

\$4,000 _____ (if using insurance*; monthly installment payments available upon request. Payments to be completed one week prior to each weekend).

\$3,850 _____ (if NOT using insurance and paying **cash up front**).

Room & board will include home-made, healthy foods and lodging. Cost will be approximately \$400 per weekend, depending on the number of participants.

Please fill out the attached credit/debit form if using a card or call us to put a card on file.

**Insurance may cover a portion of the AHA fees above. Participants are responsible for ANY fees not covered by insurance (including copays and deductibles) and for room and board for each weekend, regardless of whether they attend the weekend. If you would like to use insurance, please let us know so we can check your coverage and provide an out-of-pocket estimate for any portion of the Tuition not covered by insurance.*

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I, _____, authorize Tiger Mountain Counseling LLC to keep the following credit or debit card on file throughout the duration of my (or my dependent's) treatment at Tiger Mountain Counseling LLC. This card will be used to pay all co-pays, deductibles, and outstanding balances:

Name of Card Holder: _____

Participant Name: _____ Date of Birth _____

Card Holder Billing Address: _____

Card Number: _____

Expiration Date: * _____ CCV Number: _____

** Please use a credit card which does not expire before May 2026.*

Signature

Date