**Intensive For Counselors**

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| Workshop date: | **One Week Intensive** **March 9 – 13, 2015** |

**Instructions:**

1. **Please complete all sections below.**
2. **Print and fax to: 844-270-5739 OR Save the file to your computer then attach to an email and return to:** **lisa@cloudtownsend.com** **and** **patti@cloudtownsend.com**

|  |  |
| --- | --- |
| Application date: | Name: |
|  |  |
| Address: [ ]  Home: [ ]  Organization: | Street Address: |   |
| City | State: | Zip: | Email address: |
|   |   |   |   |
| Cell Phone: | Additional Phone: | Do you have any physical limitations? |
|   |   |   |
| Any food allergies or dietary restrictions? |
|   |
| Marital Status: | Spouses Name: | Attending with Spouse? |
| [ ] single [ ] married [ ] widowed [ ]  divorced |   | [ ] Yes [ ] No |
| Emergency Contact Person and relationship? | Cell phone or best number to reach them: |
|   |   |
| How did you hear about the One Week Intensive for Counselors? |
|   |
| Will you be applying for Continuing Education units? |
| [ ] Yes [ ] No |
| Name of your Organization: | Position: |
|   |   |
| Will anyone you know be attending with you? |
|   |
| Are you being sponsored by your organization? | Is attending the workshop a condition of employment? |
| [ ] Yes [ ] No | [ ] Yes [ ] No |
| Please identify issues you may want to address at the workshop. |
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