**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**](mailto:lisa@cloudtownsend.com) **and** [**patti@cloudtownsend.com**](mailto:patti@cloudtownsend.com)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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