

Intensive For Counselors

Workshop date:	One Week Intensive March 27 – 31, 2017
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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: <input type="checkbox"/> Home: <input type="checkbox"/> 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?
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced					<input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please identify issues you may want to address at the workshop.					