

Empower NOW!

Workshop Date:

App date	Name	Name Tag	New	Alum	Intake Person:
			<input type="checkbox"/>	<input type="checkbox"/>	
Address: <input type="checkbox"/> Home <input type="checkbox"/> Organization		Name of Organization			
Street:		City:	State:	Zip:	
Cell Phone	Additional Phone	Time Zone	Email Address:		
		Choose an item.			
How did you hear about Empower NOW! ?					
Will anyone you know be attending with you?					
Any physical limitations?		Food Allergies or dietary restrictions?			
Emergency contact person and relationship					
Phone: Cell <input type="checkbox"/> Wk <input type="checkbox"/> Hm <input type="checkbox"/>					

Payment information *FOR OFFICE USE ONLY*

Credit Card #	Expiration Date:	Sec Code:	Discount Discussed?	Amount of Discount if given:
Billing Name and address (if different from above)				
Amount Due	Payments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
\$	1 st payment due:	1.\$	Date Pd:	Ck#
	2 nd payment due:	2.\$	Date Pd:	Ck #
	3 rd payment due:	3.\$	Date Pd:	Ck #

Note special instructions here:

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Name		City, State		Zip Code
Organization		Position		
Have you attended other conferences?		If yes, which one(s)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Prior personal growth work?	Small Group	One-on-one w/therapist	Therapeutic processing group	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
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		
Marital Status		Attending with spouse?	Spouse's Name	
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed		<input type="checkbox"/> Y <input type="checkbox"/> N		
What age group?				
<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50 +				

ISSUES YOU STRUGGLE WITH:

Personal and Professional:
Please list any losses you have experienced recently such as a death of a loved one, a job, financial, health, etc:

Special Instructions for facilitators