|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Empower NOW!** | | | Workshop Date: | | | | |  | | | | |
| App date | Name | | | Name Tag | | | New | | Alum | | Intake Person: | |
|  |  | | |  | | |  | |  | |  | |
| Address:  HomeOrganization | | | 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  Wk Hm | | |  | | | | | | | | | |

**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: 1 2 3 | | |  |  | | | |
| $ | 1st payment due: | | | 1.$ | Date Pd: | | Ck# | |
| 2nd payment due: | | | 2.$ | Date Pd: | | Ck # | |
| 3rd payment due: | | | 3.$ | Date Pd: | | Ck # | |

**Note special instructions here:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Empower NOW!** | | | | Workshop Date: | | |  | |
| Name | | | City, State | | | | | Zip Code |
|  | | |  | | | | |  |
| Organization | | | Position | | | | | |
|  | | |  | | | | | |
| Have you attended other conferences? | | If yes, which one(s)? | | | | | | |
| Yes  No | |  | | | | | | |
| Prior personal growth work? | Small Group | One-on-one w/therapist | | | | Therapeutic processing group | | |
| Y N | Y N | Y N | | | | Y N | | |
| Are you being sponsored by your organization? | | Is attending the workshop a condition of employment? | | | | | | |
| Yes No | | Yes No | | | | | | |
| Marital Status | | Attending with spouse? | | | Spouse’s Name | | | |
| single married divorced widowed | | Y N | | |  | | | |
| What age group? | | | | | | | | | |
| 20-29 30-39 40-49  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