|  |  |  |
| --- | --- | --- |
| **OWI for Counselors** |  Workshop Date: |   |
| App Date | Full Name | Badge Name | New | Alum | Intake Person: |
| Click here to enter a date. |   |   | [x]  |[ ]    |
| Address: [x]  Home[ ] Organization | Name of Organization |   |
| Street: | City: | State: | Zip: |
|   |   |   |   |
| Cell Phone | Additional Phone | Time Zone  | Email Address: |
|   |   | Choose an item. |  |
| [ ] Psychiatrist [ ] Psychologist [ ] MFT [ ] LCP [ ] CS Worker [ ] Pastoral Lay Counselor [ ] Other  |
| Do you plan to apply for CEU’s? |  |
| \*What state board certifies you? Include your license number. |
|   |
| How did you hear about OWI? Will anyone you know be attending? |
|   |
| 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 #  |

**Reason for Discount:**

**\*Contact your State Licensure Board re CEU’s. Applicant informed [ ] yes Date \_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **OWI for Counselors** | Workshop Date: |  |
| Name | City/State | Zip Code |
|   |   |  |
| Organization | Position |
|   |   |
| Have you attended other leadership 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