

OWI for Counselors

Workshop Date:

App Date	Full Name	Badge Name	New	Alum	Intake Person:
Click here to enter a date.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Address: <input checked="" 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.			
<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> MFT <input type="checkbox"/> LCP <input type="checkbox"/> CS Worker <input type="checkbox"/> Pastoral Lay Counselor <input type="checkbox"/> 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 <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 #

Reason for Discount:

*Contact your State Licensure Board re CEU's. Applicant informed [] yes Date _____

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Name		City/State		Zip Code
Organization		Position		
Have you attended other leadership 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