## HEAL YOUR LIFE, ACHIEVE YOUR DREAMS WORKSHOP LEADER TRAINING

Please check the session desired:  Princeton, New Jersey, April Orlando, Florida, May 14 - 21 San Diego, California, June 1	9 – 16, 2005 , 2005	Early Application deadline is Jan 21st, 2005 Early Application deadline is Feb 22nd, 2005 Early Application deadline is Mar 23rd, 2005
Bonus Number 1 – Depo	osit only \$500 in	EIVE THESE SPECIAL BONUSES WORTH \$399! stead of the regular \$750 – you save \$250! n our Prosperity Telecourse, a \$149 value!
HEAL YOUR LIFE, AC	HIEVE YOUR D	REGISTRATION FORM REAMS WORKSHOP LEADER TRAINING Crane, Ph.D. and Rick Nichols
Name		
Address		
City		
State/Prov		Zip/Postal Code
Гelephone (Day)		Telephone (Eve.)
-ax		Email
ndicate room preference:	Double Occupar	ncy Single Occupancy (approx. \$450 additional)
Workshop Training:	\$2,995 for entire	Certification course, supplies and accommodations
		750 if after your session Early Application deadline) due by one month prior to start of session
Make checks payable to: HEAR	T-INSPIRED PR	ESENTATIONS
Or, please charge to my: Visa	Master Ca	rd
ACCOUNT NUMBER		
EXPIRATION DATE/	_	
PRINT CARDHOLDER NAME		
CARDHOLDER SIGNATURE		
Γο apply by regular mail, please se	end payment alor	ng with this registration form to:
W	EAL YOUR LIFE orkshop Leader eart Inspired Pre	

P.O. Box 1081

Bonsall, CA 92003-1081

To apply by email, send this registration form with credit card information to: patricia@heartinspired.com To apply by Fax, please fax this registration form with credit card information to: (760) 728-7390

Questions or comments? Please call us at: (760) 728-8783

## **CANCELLATION POLICY**

Please submit any cancellation requests in writing. If you cancel five weeks before the first module begins, all but \$125 will be refunded. If you cancel between weeks 3 and 5, all but \$250 will be refunded. After that time, no refunds are possible unless someone is available to take your place in the program. If someone is available, all will be refunded except a \$125 administrative fee.

**Strictly Confidential**Personal Information Questionnaire. Please be authentic and honest, yet brief as you complete this form!

1.	Briefly describe your experience with the work of Louise Hay and other spiritual teachers. How has it helped you personally?
2.	What type of healing work have you done previously (i.e., inner child work)?
3.	Are you certified or licensed in some type of individual work (like hypnotherapy or aromatherapy or Reiki)?
4.	Self-assessment: What are your strengths (i.e., intuitive, compassionate, creative, experience leading groups)? How would you like to grow?
5.	List 8 adjectives that describe your childhood.
6.	Briefly describe any challenge in your life right now (i.e., health, career, relationship). How are you working with it?
7.	Are you currently in therapy or have you been in therapy during the last 5 years? If yes, please explain.
	swer only if you are attending the workshop leader module: What experience have you had leading groups? (While not required, it is helpful.)
Fo	r facility planning: aFemaleMale b. Do you have any special dietary or physical access needs? If yes, specify. c. Do you smoke?
	Thank you! This application form is meant to give Patricia some background on each participant.  Please attach a recent snapshot of yourself.

If you have any questions about completing this form, please contact Patricia J. Crane at (760) 728-8783 or (800) 969-4584. We look forward to a wonderful program together!