

INNER VISION INSTITUTE FOR SPIRITUAL DEVELOPMENT
Spiritual Life Coaching Certification Program

**Relationship Institute
Registration Form**

Check appropriate Class:

- March 8 Communication and Trust
 April 5 Forgiveness
 May 3 Awareness, Acceptance & Acknowledge

Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Telephone: (Day)_(eve) _____

E-mail: _____

What are the three most pressing issues you are facing around this class' topic today?

- 1.
- 2.
- 3.

In fifty words or less tell us what you would gain, learn and/or experience as a result of participating in this workshop?

PAYMENT

\$150 Single; \$250 Couples

\$400 Single; \$700 Couple for all three classes if paid in advance

I have enclosed a check/money order for \$ _____

Please charge \$ _____ to my: (circle card type) Visa MC AMEX
Account # _____
Expiration Date _____

Classes will meet 10 a.m. - 7 p.m.

Choice Training Center 10720 Columbia Pike, Silver Spring, MD 20907

Questions e-mail: IVISD@innervisionsworldwide.com or Call: (240) 401 – 7766