

Don't Give It Away!

Registration Form
(Please print all responses.)

Name _____ Name Called _____ DOB _____ Age _____

Grade Level _____ School _____ (check one) Public _____ Private _____ Charter _____

Parent(s) or Guardian(s) Full Name _____

Home
Address _____
(Street address/Apt) (City) (State) (Zip)

Phone: Day () _____ Eve () _____

Fax () _____ Email address _____

(If you work:)

Current Occupation _____ Ideal Occupation _____

What is your greatest fear? _____

What are three pressing concerns you are facing today?

1. _____
2. _____
3. _____

What are your three greatest strengths?

What are three weaknesses that you see in your life?

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

If you were a flower, what would you be? Why? _____

Do you have a best friend? _____ If yes, what are three qualities you like about them?

1. _____, 2. _____ and 3. _____

Name _____

If you could live anyplace in the world, where would it be? Why? _____

If you had it today, what is the one thing you believe would make your life all you want it to be?

Is there anything you think you should be doing now that will help you? If so, what?

What do you believe keeps you from doing what you think you should be doing? _____

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

Are you currently in therapy? _____
(If yes, please inform your therapist/counselor that you will be attending this workshop.)

THIS WORKSHOP IS A DRUG, ALCOHOL AND SMOKE-FREE ENVIRONMENT.

MEALS: _____Vegetarian _____Non-Vegetarian _____No Dairy

YOU ARE THE BLESSING!

Email us or call with your questions: IVISD@innervisionsworldwide.com or 240 -401 -7766

Please send your registration with your deposit to:

Inner Visions Institute for Spiritual Development ? POB 8517 ? Silver Spring, MD 20907

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PARENT/ GUARDIAN INFORMATION

(Please print or type all responses.)

Network Membership Number _____ Child's name _____

Your name _____ Relationship _____

Have you attended: Tapping the Power Within Wonder Woman Weekend Spirit of Man Workshops

Address (if different from above) _____

Phone #s _____ (Street/apt.) _____ (City, State) _____ (Zip) _____

(day)

(eve)

(cellular)

(fax) _____

email address _____

PLEASE GIVE THE NAME OF SOMEONE TO BE REACHED IN CASE OF AN EMERGENCY IN THE EVENT THAT YOU ARE UNAVAILABLE:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does your child have any medical, emotional or behavioral challenges that might effect her workshop experience? _____ If yes, please explain/describe _____

PLEASE GIVE THE NAME AND NUMBER OF THE PERSON RESPONSIBLE FOR PICKING UP YOUR DAUGHTER ON LAST DAY OF THE WORKSHOP.

Name _____ Relationship _____

Phone #s _____

(day)

(eve)

(cellular)

I give _____ permission to participate in THE DON'T GIVE IT AWAY WORKSHOP sponsored by Inner Visions. I understand that the workshop will be held at Wellspring Conference Center 11411 Neelsville Church Rd. Germantown, MD 20876-4145.

Signature of parent/guardian _____ (date) _____

PAYMENTS: Minimum non-refundable deposit of \$200 is due no later that July 15.

Nearby Accomodations: Marriott Fairfield Inn & Suites 20025 Century Blvd. Germantown, MD 20874 301-916-0750

Check/Money Order
(circle method of payment)

I have enclosed \$ _____

I am paid in full I will send my

2nd payment of \$ _____ by _____

3rd payment of \$ _____ by _____

Make checks/money orders payable to **Inner Visions** . Returned checks will be charged a penalty of \$30 to cover bank fees.

Credit Card
(circle card type)

AMEX Discover MC Visa

Please charge a payment of \$ _____

I am paid in full Please charge my

2nd payment of \$ _____ on _____

3rd payment of \$ _____ on _____

Account #: _____ Exp. _____

Signature: _____