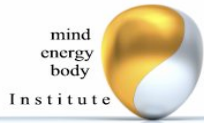


REGISTRATION FORM



Title/Date of Workshop _____

Name _____

Occupation _____

Address _____

Email _____

Do you want to be added to my mailing list _____

Have you ever or do you currently have any drug or alcohol addictions? If yes, explain.

Have you ever attempted suicide? If yes, explain.

Have you ever been hospitalized for an emotional or mental reason? If yes, explain?

Are you currently taking any drugs or medications? Explain?

This group process may uncover deep emotional challenges and trauma. Do you have any reason to feel you are not fit or prepared for deep psychological exploration. Yes or No. If no, explain.

Days/Evening times you are available for the workshop? (We will try to arrange a time to meet everyone's needs).

I understand this is not therapy but group process and any emotional issues that arise I take responsibility for addressing with a professional if I can't address them myself or in the monthly group session.

Signed _____ Date _____

Give Form With a \$40 commitment check Made Out To Carolyn Eberle: 6366 Fairways Drive, Longmont, CO 80305; 720/530-7621 eberle01@sprynet.com.