

Heal Your Life, Achieve Your Dreams Workshop Leader Certification Course

Course Leaders: Patricia J. Crane, Ph.D. and Rick Nichols
Heart Inspired Presentations
P.O. Box 1081, Bonsall, CA 92003
(800) 969-4584 or (760) 728-8783 Fax: (760) 728-7390
Application and registration form

I am registering for:

___ April 5 - 12, 2008 in Orlando ___ Sept. 27 – Oct. 4, 2008 in San Diego

The full course fee for 2008 in both locations is \$3,495. We also offer a \$400 discount for early registration. Please see below.

Following receipt of your application form you will receive a full confirmation letter by email.

Name:

Full Address:

Telephone (day):

Telephone (eve):

E-mail:

For Orlando:

Enclosed is:

___ \$450 deposit

 If received by Jan. 20th, balance is \$2,645.00

 If received after Jan. 20th, balance is \$3,045.00

Balances will be due by Feb. 29th. (Payment plan may be available.)

For San Diego:

Enclosed is:

___ \$450 deposit

 If received by July 12th, balance is \$2,645.00

 If received after July 12th, balance is \$3,045.00

Balances will be due by August 12th. (Payment plan may be available.)

Note- you may choose single occupancy. That is \$475 extra in Orlando and \$550 in San Diego.

Make checks payable to Heart Inspired Presentations.

Or, charge my credit card: ___ Visa ___ Mastercard ___ American Exp. ___ Discover

Note- you may also pay online:

ORLANDO

<http://www.1automationwiz.com/app/netcart.asp?MerchantID=44354&ProductID=3539427>

SAN DIEGO

<http://www.1automationwiz.com/app/netcart.asp?MerchantID=44354&ProductID=2629708>

Account number:

Exp. date:

Cardholder name:

Billing address (if different from home address above.)

CARDHOLDER SIGNATURE (if mailing)

If you are using snail mail, please send payment along with this registration form and your application to:

HEALYOUR LIFE, ACHIEVE YOUR DREAMS
Workshop Leader Certification
c/o Heart Inspired Presentations
P.O. Box 1081
Bonsall, CA 92003-1081

Phone: (760) 728-8783 Fax: (760) 728-7390
E-mail: patricia@heartinspired.com

Strictly confidential personal information.

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.
8. What experience have you had leading groups? (While not required, it is helpful.)

For facility planning:

I prefer a single room. I understand this will be \$475 extra for the week in Orlando and \$550 in San Diego.

- a. Female _____ Male _____
- b. Do you have any special dietary needs? If yes, specify.
- c. Do you have any special needs for a physical challenge? If yes, specify.
- d. Do you smoke?

Thank you! This application form is meant to give Patricia some background on each participant. 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!

CANCELLATION POLICY

Please submit any cancellation requests in writing. If you cancel five weeks before the training begins, all but \$200 will be refunded. If you cancel between weeks 3 and 5, all but \$300 will be refunded.

No refunds are possible after that unless someone is available to take your place in the program. If someone is available, all will be refunded except a \$200 administrative fee.