

Personal Power and Prosperity Workshop

Workshop Date:

- o All information is CONFIDENTIAL and will be read by the instructors and your assistants.

Name:	_____	Name on Nametag:	_____
Address:	_____		
City:	_____	State:	_____
Day Phone:	_____	Evening Phone:	_____
Email:	_____	Cell:	_____
D.O.B:	_____	Age:	_____
Occupation:	_____		
Referred by:	_____	T-Shirt Size:	(Small - 5X)

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together
Describe your relationship: _____ _____
If you have children, describe your relationship with them: _____ _____
Describe your relationship with your parents: _____ _____

1. Have you ever completed any other personal growth workshop? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', what and when? _____
2. Are you currently in counseling: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> In the past What were the results? _____
3. Any major physical illnesses or injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', please describe: _____
4. Please list <u>all</u> medications you are currently taking: _____ _____
5. Have you ever served in the armed forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', please describe: _____

Employed by: _____
Describe your job responsibilities: _____
How are you valuable to your company?: _____

Family Information

			First Name	Age	Occupation	Most dominant personality trait	Year if Deceased*
		Mother					
		Father					
Oldest	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Next	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>					
Significant Other <input type="checkbox"/>		Spouse <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					
Next	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>					

* Age at death and cause of death if known _____

Early Recollections Worksheet

Early recollections illustrate how we dealt with events or incidents in our early childhood and how we felt at that time. Below please describe two (2) early childhood recollections. An early recollection is the memory of a specific event or incident that occurred to you in childhood. An example would be:

Age 4-5 --- One day riding my tricycle the neighbor's dog started barking and running toward me. The dog was on a leash, but I fell off my tricycle and ran home crying. My brother laughed at me and my mother sent me to my room until I calmed down. I felt scared, embarrassed, small, misunderstood, and unlovable.

Early Recollection (ER) #1	Age: _____
I felt:	

Early Recollection (ER) #2	Age: _____
I felt:	

For meals, do you prefer vegetarian? (Yes\No)

Is there any other information about you that you feel is important to share with us?

Enrollment Agreement

In enrolling, I _____ agree to pay the tuition in the amount of: \$525.00 of which \$100.00 will be considered a non-refundable deposit.

Or I choose to remit my tuition via credit card as follows:
(We will contact you for further charge card information.)

Type: AMEX MC VISA Discover

We want to ensure that this workshop will enhance any treatment you are currently receiving. Please assist us in doing so by providing us with the following information.

- 1) Are you currently under the care of a therapist, psychologist, or psychiatrist? Yes No
If YES, will you give us permission to call him/her? Yes No

Name: _____

Address: _____

Phone: _____

- 2) Have you ever been hospitalized in a psychiatric facility? Yes No
a) If YES, when and where: _____
b) What were your symptoms that preceded your admission? _____

- 3) Have you any physical disability or medical condition that may impede your ability to participate in physical/experiential aspects of this workshop? If so, please describe: _____

By signing this Enrollment Agreement Form, I agree to ALL of the following terms and conditions:

- I agree to attend, in entirety, all sessions of the workshop;
- I agree to be on time for each session;
- I agree to return the completed Course Information Sheet (CIS) at least 10 working days prior to the workshop;
- I agree not to take any non-prescription drugs or alcohol within 24-hours of ANY session.

As a participant in the Personal Power and Prosperity Workshop, I agree to respect the confidentiality of all participants. This does not preclude me from sharing my experience of the workshop.

Student Signature

Date

If this is an email, your completed form and email is your consent in lieu of your signature.

IF STUDENT IS A UNDER 18, PLEASE HAVE THE STUDENT AND A PARENT SIGN HERE.

Informed Consent

I understand that this workshop is educational in nature and is not psychotherapy or a substitute for psychotherapy.

I have discussed this workshop with a staff member of the Personal Power and Prosperity Center and I understand that, in addition to the benefits, there are always emotional and medical risks in such a group setting.

I assume the risk, by this consent, of any accident or injury to myself or inflicted by me during this workshop and hereby release the Personal Power and Prosperity Center of Maitland, Florida from liability therefore.

I take responsibility for consulting with a medical doctor and/or mental health professional prior to participating in the workshop concerning any known or potential physical or mental conditions which I have or may have. I assume the risk, by consent, of any illness during the workshop, and hereby release the Personal Power and Prosperity Center of Maitland, Florida from liability therefore.

If I have serious emotional problems or have been hospitalized for emotional problems or am currently under the care of a psychologist, psychiatrist, or psychotherapist, I understand that it is required that I obtain written permission from said professional before I attend this workshop.

Cancellation and Refund Policy

If you cancel your agreement more than two weeks before the class for which you registered, your tuition will be transferred in its entirety to one of the next two classes. Or, the tuition minus the \$100 deposit amount will be refunded.

If you cancel less than two weeks before the workshop begins, we will gladly transfer your tuition to one of the next two classes. In this case there will be no refund.

In both cases, your tuition will be forfeited in its entirety if you do not attend one of the next two workshops, unless you make prior arrangements with our staff.

After you have attended the workshop, if you are unsatisfied with the course, \$425.00 tuition will be refunded providing the following conditions have been met:

- ✓ You participated in all the exercises of the workshop.
- ✓ You have met with the Personal Power and Prosperity Center Owner.
- ✓ You have turned in a written request for refund stating the reason(s) for your dissatisfaction within seven days of the last session of your course.

There will be no exceptions to the above stated terms and conditions.

Student Signature

Date

IF STUDENT IS A UNDER 18, PLEASE HAVE THE STUDENT AND A PARENT SIGN HERE.

Please return the forms in one of the following ways:

1. They may be e mailed by saving them as a file/document and sending as an attachment to p3orlando@cfl.rr.com.
2. They can be printed and faxed to 407-539-1709.
3. They can be mailed to P3, 220 Lookout Place, Suite 100, Maitland, FL, 32751

Once we have received your full tuition and workshop forms, we will send you a confirmation e mail with the workshop location and other details.