

## Circle of Life Health & Wellness Coach Training Registration

**Training Date May 15 - 18, 2008 Swarthmore Wellness, Swarthmore, Pennsylvania**

Please print this form and mail with your check or money order made payable to:  
**Circle of Life / Health Action, Inc.**

Mail to:

**315 Meigs Rd Suite A-276 • Santa Barbara, CA 93109**

**Name:**

**Home Address:**

**City/State/Zip:**

**Daytime Telephone:**

**Evening Telephone:**

**Email Address:**

**Emergency Contact Name:**

**Emergency Contact Phone:**

**How did you hear about this training? Check all that apply.**

ILCT e-mail or network  Circle of Life website  Circle of Life e-mail  Flyer or brochure  Referred by a colleague or friend  Other \_\_\_\_\_

**List any other credentials you may have -- nursing, health care provider, bodywork, teaching, acupuncture, counseling, occupational therapy, physical therapy or social services:**

**Dietary Requirements (*Further specialized dietary requirements, other than the ones listed here, including allergies, must be provided for by the participant.*)**

No special dietary requirements  Vegetarian  Vegan  Wheat-free  Dairy-free  I will provide my own specialized diet

**Medical Conditions (please include any food and/or medicine allergies)**

**Please tell us your primary reason for enrolling in The Circle of Life Facilitator/Coach Certification Training? Attach additional sheets as necessary.**

**List up to 3 things that you would like to come away with from this training.**

**Have you facilitated groups in the past? If Yes, please explain briefly.**

**Do you see yourself mainly working in groups or one-on-one with clients?**

**What kinds of groups or individuals do you see yourself working with e.g. church, disease support, diet/exercise, etc, in applying the Circle of Life?**

**Standard Circle of Life Training Tuition Fees \$1800.00 regularly \$1800. **Early Registration Discount (through May 1, 2008) is \$1550.** There is a non-refundable deposit \$100. Includes Training Manual. *Fee does not include air or ground travel costs to Swarthmore, PA, lodging, meals, any other coach/participant materials, long distance phone charges to participate in conference and peer coaching calls, certification maintenance costs, etc.***

**Please remit payment to:**

**Circle of Life / Health Action, Inc.  
315 Meigs Rd Ste A-276 • Santa Barbara, CA 93109**

### **Cancellation & Refund Policy**

If you need to cancel your participation in the Circle of Life Health & Wellness Coach Training, contact Kira Jones (email [Kira@CircleofLife.net](mailto:Kira@CircleofLife.net) or phone (805) 569-5848. Up to 6 weeks ahead of the training (as of April 1, 2008) all fees will be refunded less the \$100 non-refundable deposit. Between six (6) and four (4) weeks before the training (as of April 2 – April 16, 2008) all fees will be refunded less \$200 (the \$100 non-refundable deposit plus \$100 late cancellation service fee). Four (4) weeks prior to the training (as of April 17, 2008) a tuition credit (less the \$100 non-refundable deposit) will be given towards a future Circle of Life Coach Training event within one year, at which time that credit will be forfeit. (Customer will be responsible to pay any difference in cost in the event the training tuition fees increase.)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_