

Everflowing

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TO REGISTER: Please complete this form and mail *Everflowing* with the designated deposit. All deposits are transferable up to 1 year from original course date. Deposits are **NOT** refundable.

Due to the personal teaching space I provide, the in-depth style of teaching I facilitate and the emotional impact of the work itself, the following questionnaire is very important. The information you provide will enable me as a teacher to facilitate the most comfortable learning environment possible. — Irene Smith

Everflowing Registration Form

Class Dates	Description	Tuition \$

Name:

Address:

City:

State:

Zip:

Day Phone:

Evening Phone:

E-mail:

Fax:

Occupation:

1. Do you have any special physical needs? Yes No

2. How do you cope with daily stress? What tools do you use? For example: meditation, yoga, antidepressants, work out, walk, eat, smoke, drink alcohol, dance/sing, other. Explain:

3. Are you under the care of a therapist? Yes No

Therapist's phone number (*optional*):

(This will only be used in case of emergency.)

4. What outside support do you have in your life, i.e. therapist, group, church, etc.?

5. What is your intention in taking this course?

6. What is your experience with serious illness and/or death and dying?

7. NOTE: FOR REGISTRANTS OF PROVIDING MASSAGE IN HOSPICE CARE

Please write a couple of paragraphs on how you cope with grief and loss. Include physical as well as emotional systems. You may use additional paper.

8. What do you feel is the most valuable offering you will be bringing into your work with dying persons?

9. Is there anything else you would like to include on this registration application?