



# Awakening Women

## Retreat Mail-in Registration Form

### PART I: Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home/Cell): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PART II: Work Focus/Profession: Personal Insight Questions:

1. Why are you considering this program?

2. What outcomes will define success for you?

3. Describe your experience as a traveler. What excites and concerns you about this trip?

4. What kind of exposure to alternative learning experiences have you had? We will be working with shamans and indigenous ceremony, how do you imagine yourself in these situations?

5. Describe your current health, especially any physical concerns that may affect your participation.

### **Part III: Mailing**

Don't forget to include the retreat deposit (50% of Tuition) alongside this form.

Mail it to:

Transition Dynamics;  
800 Fifth Avenue, Suite 4100,  
Seattle, WA 98104

*Note: A registration packet with additional information will be sent to you upon enrollment.*