

Name _____

Organization _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Other Phone _____

I would like to apply for the following 2011/2012/2013 seminars: (Circle appropriate dates)

COMPREHENSIVE BEREAVEMENT SKILLS TRAINING

2011: June 20-23, July 25-28
2012: March 5-8, June 4-7, August 6-9
2013: March 25-28, June 3-6, August 5-8

COUNSELING SKILLS FUNDAMENTALS

2011: November 7-10
2012: November 5-8
2013: November 4-7

EXPLORING THE SHADOW OF THE GHOSTS OF GRIEF

2011: May 9-12
2012: May 7-10
2013: May 6-9

EXPLORING THE SPIRITUAL DIMENSIONS OF DEATH, GRIEF, AND MOURNING

2012: February 20-23
2013: February 18-21

HELPING CHILDREN AND ADOLESCENTS COPE WITH GRIEF

2011: August 8-11
2012: July 9-12
2013: July 8-11

SUICIDE GRIEF: COMPANIONING THE MOURNER

2011: September 12-15
2012: September 10-13
2013: September 9-12

SUPPORT GROUP FACILITATOR TRAINING

2011: December 5-8
2012: December 3-6
2013: December 2-5

UNDERSTANDING AND RESPONDING TO COMPLICATED MOURNING

2011: April 11-14
2012: April 9-12
2013: April 8-11

ENCLOSED IS MY:

- _____ 1. Registration Form
- _____ 2. 1-2 page Background Statement (see opposite page)
- _____ 3. \$250 Deposit check for each course, payable to the Center for Loss (U.S. funds only)

OR,

- _____ Please charge my (circle one) deposit(s) or full tuition fee(s) to my credit card: (check one) to my credit card
____ VISA ____ Master Card

Credit Card # _____

Expiration Date _____

Signature _____

You may send us your registration by:

- Mail: Center for Loss and Life Transition
3735 Broken Bow Road Fort Collins, CO 80526
- Or fax your registration: (800) 922-6051