

(Please copy and complete this form for each person applying)

Application Form for
THRIVE: the Collaborative Marriage Sphere
Facilitator Training Webinar

Please register me for the THRIVE Facilitator Training Webinar:

Month Dates

Name Profession or Occupation*

Organization

Address — Home or Office (circle one)

City State Zip

Office Phone Cell or Home Phone (circle which one)

Email Fax

Professional Training (list schools and degrees): _____

Your experience working with couples: _____

Number of new couples you work with per month: _____

Your currently held professional license(s):

Type: _____ State: _____ Date: _____

Type: _____ State: _____ Date: _____

Signature of Applicant

* If you are not a licensed counselor, you may still become a THRIVE Facilitator if you are in the process of becoming a licensed human service professional or if you and your spouse are serving as a mentor couple, embedded in a congregational marriage education ministry. In either case, you must be connected with a licensed counselor in your area who is willing to provide consultation and receive referrals from you for any couple whom you believe would be best served by seeing a professional counselor. In order to enroll in a THRIVE Facilitator Training Webinar, you must provide the name, address and phone number of a licensed counselor who is willing to serve as your professional back up.

Name of back up licensed professional

Profession	Phone number
------------	--------------

Type of License:	State	Date	
------------------	-------	------	--

Address	City	State	Zip
---------	------	-------	-----

THRIVE Facilitator Training Fees:

\$85 per individual or mentor couple (for one administrative account). If mentor couple, both must register at the same time for the same webinar.

60% discount (off \$85.00) for second partner of married couple when both partners are licensed professionals and each wants a separate administrative account for his or her individual practice. Both partners must complete a separate registration form and register at the same time to receive the 60% discount, \$34.00.

30% discount (off \$85.00) for Trained COUPLE COMMUNICATION Instructor, \$59.50

50% discount (off \$85.00) for Certified COUPLE COMMUNICATION Instructor, \$42.50

Your Fee \$ _____

 If applicable, name of spouse (send spouse application at same time)

Method of Payment

___ Check enclosed (payable to Interpersonal Communication Programs, Inc.)

___ VISA ___ Mastercard ___ AmEx

Card # _____ Exp Date ___/___

Print name as it appears on card	Authorized Signature
----------------------------------	----------------------

Is your address for registration the billing address for the credit card? ___ Yes ___ No. If not, please give billing address for the credit card here:

(A receipt will be mailed to the billing address.)

To Apply for THRIVE Facilitator Training:

Call 800-328-5099 or Fax to 303-674-4283 with your credit card order, or send order to:

Interpersonal communication Programs, Inc.
 30772 Southview Dr. #200, Evergreen, CO 80439
 THRIVESphere.com 303-674-2051