



Application Form

NAME: _____

(Print your name as you want it to appear on your certificate.)

NAMETAG: _____

(Print your name as you want it to appear on your nametag.)

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE: _____

(Preferred for SCS Records.)

WORKSHOP: _____

Your answers to the following questions will help us design workshop elements to best meet your needs.

Please list your previous relevant education and training:

What do you consider your greatest strengths?

Please continue to the next page:

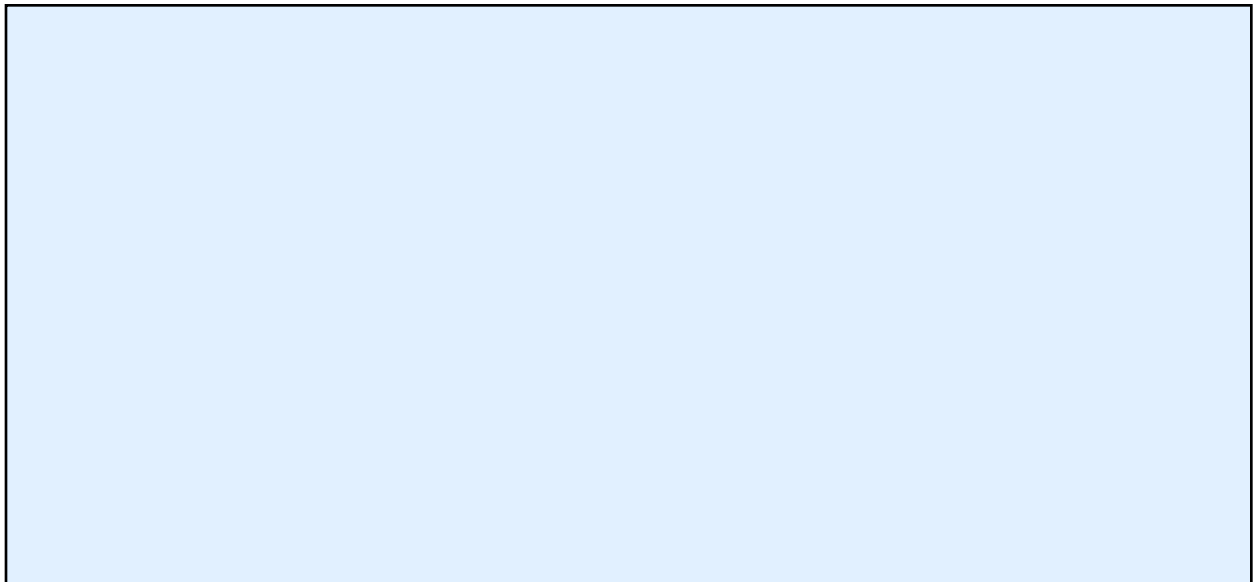
How would you describe your sense of humor?



How do you know when you have learned something new? Please provide an example.



If you could have anything you wanted as a result of taking this workshop (physical, emotional, mental, and/or spiritual), what would that be?



Please continue to the next page:

How would we know when you have achieved your outcome? What would see and hear that would prove that you have what you want?

How do you plan to use the knowledge and skills you will gain in the workshop?

How did you learn about this program?

AGREEMENT: Although I may experience significant transformation and healing in the context of this training, the information presented and exercises are designed for learning purposes and should not be considered a substitute for appropriate medical or therapeutic intervention.

I understand that SCS certification is by license from SCS Matters, LLC, and that only those who have completed SCS Level 5 and are licensed as SCS Trainers are authorized to teach SCS technologies.

I understand that certification in Pre- and Postsurgical Support with SCS is by license of SCS Matters, LLC, and that only those who have received authorization from SCS Matters, LLC, are licensed to teach Pre- and Postsurgical Support with SCS.

I understand that portions of the training may be audio- or videotaped and give my permission for appropriate use of such audio and video recordings.

I agree to complete the workshop registration form required for SCS and NLP workshops and to pay the workshop fee in full (cash, check, or credit card) before the scheduled training date unless special arrangements have been made for extended payments.

The workshop registration form is available at the following Web address:

<http://www-scs-matters.com/scsreg.pdf>

Signed: _____

Date: _____

Print, complete, and mail this document along with your completed workshop registration form to SCS Matters, LLC, or send them as e-mail attachments to debra@scs-matters.com

SCS Matters, LLC

Subtle Communication Systems

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