**Professional & Educator Workshop Registration**

*Please fill out the following information to register for the next* ***Professional & Educator Workshop****. Applications* ***must*** *be received at least* ***14 days prior to the Workshop date .***

***I will contact you to set up a time to Complete your Registration & Payment.***

**Date of Workshop :**

**Date of Registration:**

**Name:**

**Address:**

**Phone:**

**EMail:**

**Occupation /Job Title:**

**How long have you been working with children ?**

**What age range of children do you work with ?**

**Do you work with children with any Special Needs or Diagnoses? If so , what type ?**

**Are you familiar with Conscious Parenting ? If yes, How ?**

**What do you hope to learn from this program ?**

**Do you have any specific questions?**