

Application: OASIS Training TELECLASS Begins Wednesday, October 6, 2010

Please fill in the information below and return via email or mail to:

- email: renee@oasisintheoverwhelm.com with copy to millie@grenough.com
- mail: Renee O'Connell * OASIS * 3 Old Country Road * Oxford, CT 06478

Name _____ email _____

Address _____ tel. _____
_____ fax: _____

Profession _____ your website? _____

1. How did you know about this Training?
and/or How long have you known Millie – from where?
2. Why are you interested in becoming an OASIS TRAINER? – What attracts you to OASIS right now?
3. What special groups do you visualize yourself working with?
(e.g. parents, nurses, church groups, CEOs, teachers, children, stroke survivors, etc.)
4. What are your wildest dreams for you and OASIS?
5. Do you see yourself presenting solo? with a partner? some of each?
Explain.
6. In order for me to meet your unique needs in **OASIS Training**, please tell me: What will be most helpful to you to make you feel confident and excited about sharing the *OASIS Strategies* and OASIS “philosophy”?

Notes re Fees/Deposit/Refunds

Total Training

\$695* 14 ICF CECs 12 NASW CCEs

Includes 14 hours of Training:

- three 4-hour teleconferences
- one 2-hour teleconference
- ongoing support
- all materials: OASIS book, Trainee Manual & DVD Module

***Register by September 10th and save \$100 off**

***Bring a friend/colleague/family member and receive \$50 off your registration fee. Inquire about group discount.**

- \$150 deposit fee due with application. Balance due one week before the first conference call. If you need to cancel and do so by ten days prior to the training, you will receive a refund of your deposit and/or payment, less a \$30 processing fee. If you register for an upcoming *OASIS Training*, your \$30 processing fee may be applied towards that training.

___ Yes, I want to apply for the **OASIS Training TELECLASS:**

___ Enclosed is my check for _____ made out to OASIS.

___ I prefer to pay by credit card or cash. Please contact me.

My photo is attached for participants to match my name with my face!

Name (printed) _____

Signed _____

Date _____

___ I cannot be part of this Training Group, but am interested in the next Training.