

BARBARA BRENNAN SCHOOL OF HEALING®
Hands of Light® Workshop

Hands of Light® Workshop Confidential Participant Profile

Please print and use blue or black ink.

First Name MI Last Name

Address

City State Zip/Postal Code

Country

Daytime Phone* Evening Phone

Fax* E-mail

*If international, include country/city codes.

Occupation:

List medications currently being taken or taken within the last 2 years. Please list conditions for which they are/were being taken:

List present physical problems:

Have you ever been hospitalized and/or treated for psychological difficulties, or has hospitalization or psychological treatment been recommended? Yes No If yes, for what and when? List date(s).

Please answer all questions. Mark "N/A" if not applicable. Submit original and make a copy for your records.

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Please print and use blue or black ink. Please complete both sides of this form.

Name: _____

How did you hear about this Workshop/Lecture? _____

- Current student or graduate
- Call to BBSH
- BBSH Mailing
- BBSH Website
- Email Announcement
- Facebook/Social Media
- Ad (if so, which publication? _____)
- Healer
- Friend
- Flyer/brochure
- Other (_____)

- I am interested in attending BBSH Not interested in attending

I would like to receive further information regarding: Future Workshops/Lectures BB School of Healing

Would you like a Student Admissions Representative to contact you? Yes No

If so, please indicate the best telephone number to reach you during the day: _____