

Registration Form

Name: _____

Address: _____ City, Zip: _____

Cell Phone: _____ Email address: _____

License or Title: _____

Name and information you prefer on badge: _____

Any food allergies or special needs, what kind? _____

I would like to receive 10 hours of CEU's. Please check one: ___ LPC ___ LMFT ___ LCSW

Name on Certificate: _____

Please answer the following questions. It will be helpful to me to know more about the participants.

Your Enneagram number is _____ approximately when did you discover your number? _____

How long have you been doing your own inner work with the Enneagram? _____

How did you discover your type/number? Use a separate sheet of paper if necessary Check all that apply

- I took an Enneagram Test: Name of assessment _____
- Read a book(s) on the Enneagram: *List* names of books and authors you have read

- I attended a workshop or class on the Enneagram: *List* the classes you attended and presenters

- I was taught the enneagram from a counselor, coach, spiritual director, minister, other

Experience in teaching the Enneagram Check all that apply

- I have taught the Enneagram in a classroom format
- I have taught the Enneagram to individual clients in my helping professional practice
- I have used the Enneagram in my practice as a helping professional

Please scan and send this Registration Form to: Libby Fischer-Osborne, lfolpc@yahoo.com, or fax to 214-630-6049
Address for US Mail: Libby Fischer-Osborne, 6750 Hillcrest Plaza Road, Suite 304, Dallas, Texas 75230

If you have any questions call or text Libby Fischer-Osborne at 214-288-9241 or email at lfolpc@yahoo.com

I look forward to meeting you, Libby
Enneagram Dallas