

# RADICAL COACHING

## Leaving My Father's House



### Registration:

*August 28 - 29, 2010*

St. Anthony's  
Central Hospital  
4231 W. 16th Ave.  
Denver CO 80204  
Auditorium "B"

#### *Payment Information:*

\$500.00 Tuition  
\$150.00. Deposit Required!

Check:  
Amount: \_\_\_\_\_ No. \_\_\_\_\_

Credit Card:  
\_\_\_\_ MC \_\_\_\_ VISA  
Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Name on card: \_\_\_\_\_

#### *Billing address if different than above:*

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

*Send this Registration Form and  
Payment/Deposit to:*

**RADICAL**  
**COACHING**

Dennis Mead - Shikaly  
2910 Baylor Drive  
Boulder, CO. 80305  
720. 346. 4664

[dms@radicalcoaching.com](mailto:dms@radicalcoaching.com)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

#### *Emergency Contact Information:*

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### *• Personal Growth:*

- Please list workshops, training and other transformative experiences in which you have participated and indicate the benefit you have received.

#### *• Intention:*

- What do you hope to achieve for yourself by attending this workshop? Explore the depth of your intention and state anything relevant.

*\*\*\* All of the information you provide... will be held in strict confidence! \*\*\**