

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

email address \_\_\_\_\_

Mail check of \$350 (or \$75 deposit) to Jessica Dibb 9721 Sherwood Farm Road, Owings Mills, MD 21117. Make check payable to Jessica Dibb. Includes lunch on Saturday and Sunday, and a light dinner snack on Saturday.

Please give a brief description of:

1. Your experience and training with the Enneagram
2. Your experience with personal growth and spiritual work
3. Your profession – particularly your work as a therapist, facilitator, coach, spiritual director, etc.
4. Because of the deep experiential work in this workshop there may be emotional expression during some of the exercises – such as crying, laughing, making noise. Will you be comfortable with that?
5. How this workshop be useful to your work and your life
6. Anything else you wish to share