



THE INNER VISIONS INSTITUTE FOR SPIRITUAL DEVELOPMENT PRESENTS

Facilitating the Evolution of Human Consciousness...One Mind, One Heart, One Life, One Spirit at a Time.



THE



WONDER WOMAN WEEKEND

REAL CHANGE IS AN INSIDE JOB!

Registration Form *(Please Print Or Type All Responses)*

Name: _____ DOB: _____
 Address: _____ Apt. _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Mobile: _____
 (Emergency Contact) Name: _____ Phone: _____
 E-mail: _____ Fax: _____
 Current Occupation: _____

Current Relationship Status: Single Committed Married Divorced

People who attend the Wonder Woman Weekend workshop are serious about making changes in their lives. What do you want to change in your life? Using no more than 40 words complete the following sentence:

What I want to change in my life today is _____

Using a maximum of 50 words, what do you believe you will heal, gain, learn and/or experience as a result of participating in this workshop?

Using a maximum of 40 words complete the following sentence:
 What is the vision you have for your life once the changes you desire are made in your life?

What are your sources of strength and encouragement when you are facing difficulties?

What are the beliefs/behaviors that hinder you when you face difficulties?

What would you consider to be the three most pressing issues you are facing today?

1. _____

2. _____

3. _____

What are your three greatest strengths of character?

1. _____

2. _____

3. _____

What are three weaknesses you recognize in your character?

1. _____

2. _____

3. _____

Using a maximum of 25 words, describe the challenges or issues you are facing or fear in each of these areas of your current life experience: *(Skip all that do not apply to you)*

Health

Relationship/Love Life

Children/Parenting

Work/Career

Money/Finances

Sexuality

Spirituality

Briefly discuss any event in your **childhood** you still consider to be traumatic or challenging.

Briefly discuss the impact you believe this/these experiences currently have on your life.

Briefly discuss any event in our **adult life** that you considered to be traumatic or challenging.

Briefly discuss the impact you believe this/these experiences currently have on your life.

SELF-AWARENESS

The following inquiries are designed to bring to your awareness important issues/challenges that may be present in your consciousness that block/delay/hinder or obstruct your personal growth, healing and evolution. You are invited to consider each inquiry carefully and to respond honestly and authentically. You are encouraged not to judge yourself, edit yourself or deny what is true and authentic. Identifying and embracing the presence of these issues in consciousness can be the cornerstone to making the changes you desire. You are not identifying “problems.” You are asked to identify behaviors that may or may not be self-supportive.

There are three columns **S=Self; F=Father; M=Mother**. Check the S column if the statement applies to you. Then, check the **F and/or M column** (*you can check both for the same statement*) if you saw this same behavior demonstrated by your parents, whether they were your natural parents, adoptive parents or surrogate parents.

NUMBING OUT/DISCONNECTING

Check All That Apply

PATTERN	SELF	FATHER	MOTHER
Over Indulgence/Indulgence in Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over Indulgence/Indulgence in Sex/Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over Indulgence/Indulgence In Non-Prescription Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV/Internet/Video Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking/Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over Indulgence/Indulgence with Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workaholic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping/Spending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There But Not There	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing Gets To Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joyless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOMINATING BEHAVIORS

Check All That Apply

PATTERN	SELF	FATHER	MOTHER
Aggressive Speech/Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need To Be Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need To Have The Last Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontational/Combative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demanding (My Way)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrogant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lash Out Physically/Verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mock/Humiliate/Ridicule Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore Loser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bossy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harsh/Mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prone To Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupt/Cut People Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Anger To Control/Dominate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimize Other's Success/Input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying/Threatening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOMINATING BEHAVIORS

Check All That Apply

PATTERN	SELF	FATHER	MOTHER
Boastful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecturing/Proving Self Better/Smarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANIPULATIVE BEHAVIORS

Check All That Apply

PATTERN	SELF	FATHER	MOTHER
Indirect With My Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulate With Emotions (Crying, Screaming, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty/Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulate/Control With Flattery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulate/Control With Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulate/Control With Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulate/Control With Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree With To Stay Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree With To Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seduce/Be Nice To Get What I Want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withhold Love/Affection When Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withhold Money when Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issue Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issue Ultimatums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PASSIVE/AGGRESSIVE/PERFECTIONISM

Check All That Apply

PATTERN	SELF	FATHER	MOTHER
Need For Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical of Self and/or Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfectionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear Of Making Mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear Of Being Wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep Raising The Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncompromising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never Good Enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Rational/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear Of Looking Stupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipating Disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack Of Spontaneity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently in therapy? Yes No
Are you currently in recovery? Yes No

(If yes, please inform your therapist/counselor that you will be attending this workshop)

All information provided to Inner Visions in connection with the Wonder Woman Workshop is confidential. Please answer all questions on this application. It will assist us in preparing a workshop that meets the needs of all participants.

ACCOMMODATIONS

Single Occupancy Room - \$1,950.00

Double Occupancy Room - \$1,800.00

Lodging and meals for the weekend (beginning with dinner on Friday) are included in the Registration Fee.

PAYMENTS

A deposit of a non-refundable \$400.00 must be submitted with the Registration Form.

Charge the entire Registration Fee to Visa MC AMEX Discover

Account # _____

Expiration Date _____ Billing Zip Code _____

PAYMENT PLAN OPTIONS

I have enclosed a check/money order for \$ _____ Registration Fee.

I will send my next payment of \$ _____ by _____

and a payment of \$ _____ by _____

and a payment of \$ _____ by _____

Please charge \$ _____ Visa MC AMEX Discover

Account # _____

Expiration Date _____ Billing Zip Code _____

CV# _____

Please charge:

1st Payment \$ _____ on _____

Payment of \$ _____ on _____

Payment of \$ _____ on _____

Trust the Process!

We are here to support and assist you. If you have any questions or are in need of support please call us at 240-401-7764 or 240-839-4260 or e-mail: workshop@innervisionsww.com.



Inner Visions Institute for Spiritual Development
P.O. Box 8517 Silver
Spring MD 20907 FAX#
301-808-4646