

Pastor's Preferred Correspondence Profile

Name:	Church:		
Address:			
City:	State:	Zip:	
Phone: (W)	(C)		
Email:			

Communication Preference:

I would enjoy hearing about upcoming events the Center offers	Yes	No
If yes, by what means?	Mailed.....	Yes No
	Emailed.....	Yes No

Indicate which of the following you would like to be informed of:

<input type="checkbox"/>	Workshops (1-2 hours)	<input type="checkbox"/>	National Presenters
<input type="checkbox"/>	Group Therapy Events (8 – 28 weeks)	<input type="checkbox"/>	Seminars (1/2 day or full day)
<input type="checkbox"/>	Life Skills Therapeutic Workshops (6 weeks)	<input type="checkbox"/>	Pastor Training In-Services

Indicate which of the following topics would interest you:

<input type="checkbox"/>	Anger	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Addictions (sexual, alcohol, internet, food, etc.)	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Boundaries	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Communication	<input type="checkbox"/>	Forgiveness
<input type="checkbox"/>	Parenting	<input type="checkbox"/>	Grief and Loss
<input type="checkbox"/>	Video Games & Social Media Awareness	<input type="checkbox"/>	Couples

Pastor Pass Offering

I would like to be considered for a pro-bono invitation to participate in an upcoming Life Skills Workshop (6 consecutive weeks of 90 minute educational therapeutic workshops focusing on specific topic areas)..... Yes No

Indicate which of the following workshops you would be interested in:

<input type="checkbox"/>	Boundaries	<input type="checkbox"/>	Healthy Family Foundations
<input type="checkbox"/>	Parenting	<input type="checkbox"/>	Marriage Enrichment
<input type="checkbox"/>	Communication and Conflict	<input type="checkbox"/>	Other:

Indicate which of the following days and times you would most interested in for a Pastor Pass Offering:

<input type="checkbox"/>	Saturday 8-9:30, 10-11:30 am	<input type="checkbox"/>	Week nights 6-7:30 pm	<input type="checkbox"/>	Both Sat. & Week nights
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Testimonials: If you have referred to the services of *The Center for Christian Counseling* and had a good experience, would you be willing to submit an anonymous testimonial? Yes No

Other Suggestions or Comments: