

This homework has been designed to support you in maximizing the results you produce in the ChoiceCenter Trainings. The more you put into the training, the more you will get out of it. Most people find that their experience is enhanced if they spend some time reflecting upon the important areas of their life prior to beginning the training.

If you have already decided which goals you want to achieve in each of the following areas, we invite you to take this opportunity to clarify them even more. To complete this sheet, we recommend that you establish a time when you can focus, be calm and look inside yourself.

In each one of the following areas, describe (a) goals already achieved, (b) goals, ideas or "dreams" that you would like to create in the future (even if you think they are hard or impossible to reach) (c) considerations you have regarding these goals that you actually think are limiting your achieving them (for example: fear, laziness, lack of money, education, experience, time etc.) Any questions regarding this homework, please contact us at (702) 838-3988.

MY GOALS

BUSINESS / CAREER

- (a) _____
- (b) _____
- (c) _____

FAMILY / PERSONAL RELATIONSHIPS

- (a) _____
- (b) _____
- (c) _____

EDUCATION / PERSONAL GROWTH

- (a) _____
- (b) _____
- (c) _____

LEISURE / RECREATION

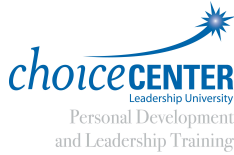
- (a) _____
- (b) _____
- (c) _____

COMMUNITY / WORLD SITUATION

- (a) _____
- (b) _____
- (c) _____

HEALTH / BODY / FITNESS

- (a) _____
- (b) _____
- (c) _____



Name: _____
complete and return pages 1, 2, 3 and 4 ONLY

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Welcome

Thank you for choosing to participate in ChoiceCenter's Personal Effectiveness & Leadership training. It is our honor to work with you as you explore new horizons and deliver the future of your dreams. You are undertaking an exciting journey as well as a profoundly impactful educational experience.

The information given and requested on this form is designed to provide you with some practical details about the structure and process of the training as well as to ensure that your choice to participate is clear and informed. It is also designed to provide ChoiceCenter with information that will assist us in serving you appropriately. This form should help answer any questions you may have and may also help clarify your objectives.

We find that the people who benefit most from our programs are adults who have already achieved a certain measure of accomplishment, learning and success. We have no way to tell in advance whether the ChoiceCenter Training is appropriate for you or exactly what effect some portions of the training may have on you because each person is unique; you must determine what is best for you. Please be advised that ChoiceCenter does not screen participants, and that this form is not a psychological screening tool.

Please read this form in its entirety, even those sections you may believe do not apply to you, and answer all of the questions completely. Your form must be completed prior to the training. If you have questions or require clarification about any of the material presented here, or the format of the training, please call ChoiceCenter at (702) 838-3988.

We believe that after completing this form and the attached homework, you will have a broader perspective as well as a clearer idea of your personal goals and objectives. This will assist you in maximizing the value available from the training and ensure this value is carried forward.

It is our privilege to serve you.

The ChoiceCenter Team

NAME (PLEASE PRINT)

BIRTHDATE (MUST BE 18 TO PARTICIPATE)

CITY

STATE

ZIP

()

HOME PHONE

()

WORK PHONE

TRAINING LOCATION

TRAINING DATE

OCCUPATION

EMPLOYER

Thank you to the PERSON WHO REFERRED YOU

E-MAIL: _____

TRAINING SCHEDULE

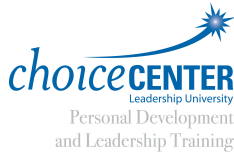
Attendance of the six sections is required to attend: Wednesday through Sunday and the Completion Evening/Guest Training.

Discovery Schedule

Thursday	Registration	5:30 pm
	Training Starts	6:30 pm
	Ends Approximately	12:00 am
Friday	Training Starts	10:30 am
	Ends Approximately	11:00 pm
Saturday	Training Starts	10:00 am
	Ends Approximately	11:00 pm
Sunday	Training Starts	10:00 am
	Ends Approximately	6:30 pm
	Celebration	6:30 pm
Wednesday following	Completion Evening	
	Call in for 30 minutes	6:30 pm

Breakthrough Schedule

Thursday	Registration	11:00 am
	Training starts	12:00 pm
	Ends Approximately	12:00 am
Friday	Training Starts	12:00 pm
	Ends Approximately	12:00 am
Saturday	Training Starts	10:00 am
	Ends Approximately	12:00 am
Sunday	Training Starts	10:00 am
	Ends Approximately	6:30 pm
Wednesday following	Completion Evening	
	Call in for 30 minutes	6:30 pm



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Confidential Health Information

Please answer all of the following questions completely. Your answers will be kept confidential.

The information you provide here will enable our trainers and staff to better support your participation. If during the training, you find yourself feeling uncomfortable to an excessive degree, you should report this immediately to the trainer or to a staff member.

If you have any questions about the appropriateness of your participation at this time, please consult a trained professional. In some cases, as instructed in the next section of this form, we require that you do so in order to participate in the training.

1. Gender:
 Male Female

Are you pregnant?
 Yes No

Trimester: _____

If yes, and you are in your first trimester, we request that you consult with your physician before deciding to participate in the training and make your decision accordingly. If you are in your second or third trimester, you may not participate in the training at this time.

2. How many hours of sleep do you normally get?

- 6 hours or less 8-9 hours
- 6-7 hours 9+ hours
- 7-8 hours

3. Have you had any therapy or psychological counseling prior to a year ago?

- Yes No

4. Are you currently in therapy?

- Yes No

Have you been in therapy or counseling within the last 12 months?

- Yes No

If yes, give approximate beginning and end dates:

5. Have you ever been hospitalized for psychiatric care or for a mental disorder?

- Yes No

If yes, when?

6. A. Have you ever been prescribed any medications commonly used to treat emotional illness?

Examples: Compazine, Eskalith,

Nortriptolene, Prolixin, Prozac, Stelazine, Taractan, Triavil, Zoloft, Effexor, Lexapro, Paxil, Wellbutrin

- Yes No

B. Are you currently on any of these medications?

- Yes No

If yes, list the name(s) and date(s) you've been on each medication:

7. Have you ever had a nervous breakdown that you've been treated for?

- Yes No

If yes, list the date(s) of treatment:

8. Do you have any physical limitations that are likely to be an obstacle to your participation in the training?

- Yes No

If yes, describe:

Important: If you answered "Yes" to any part of question 4, read and follow the directions in Section A.

If you answered "Yes" to questions 5, 6B, 7 and 8, read and follow the directions in Section B.

Section A

If you answered "Yes" to any part of question 4, indicating that you are currently in therapy, or have been in therapy during the last year, we require that you discuss the advisability of taking the training with your current or previous therapist. Please ask your therapist to read the first three paragraphs of the "Therapists/Physician's Release," although he/she is not required to sign the release.

We also urge you to express any concerns you may have, and listen closely to any concerns your therapist may have for you. We strongly recommend that you follow your therapist's advice as to whether or not this is an appropriate time for you to take the course. If your therapist requires more information, he or she is welcome to review this form and call us (702) 838-3988.

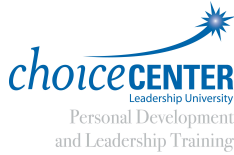
Once you have spoken with your therapist, please complete the following:

I have talked with my therapist, (please print therapist's name) _____, and asked his/her opinion about my participation. My choice to participate in the training is made with the benefit of my therapist's advice.

Participant's Signature _____ Date: _____

Section B

If you answered, "Yes" to questions 5, 6B, 7 or 8, we recommend that you strongly reconsider your participation in the ChoiceCenter trainings. We are not qualified to assess your current state of health, nor do we offer the kind of expert assistance you may require in the event of a problem if, upon reconsidering, you choose to participate, you must consult with your counselor or therapist (or physician, in the case of question 8) and obtain his or her signature on the following "Therapists/Physician's Release" before you begin the training.



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Therapist's/Physician's Release.....

To be signed by your Therapist or Physician only if you answered "Yes" to questions 5, 6B, 7, or 8 in the previous Confidential Health Information section, and choose to participate in the trainings against our recommendation.

Dear Counselor or Doctor,

Your client has expressed the desire to participate in Personal Effectiveness Discovery & Breakthrough. We require that he/she discuss this choice with you. If you are not already familiar with ChoiceCenter Worldwide or desire additional information, please feel free to call us at (702) 838-3988. We believe that those who benefit most from participating in our courses are healthy people whose lives are already working well. Our programs ask participants to examine many of the central concerns

of modern adult life in relation to their own lives and their ability to produce effective action. The courses are interactive and experiential, not conceptual or abstract. Therefore, a student's emotions are likely to come into play as they engage in the process of self-examination. We encourage direct communication and honesty from all participants. During the training, many participants find that they are able to remember and confront issues they do not feel comfortable dealing with in their day-to-day lives. While this is valuable for most, it may not be appropriate for some individuals. We do not wish to interfere with the therapeutic relationship in any way, and ChoiceCenter is not for those with problems that should be addressed in therapy, and are conducted by trained mental health professionals. We feel it is important for you and your client to

work together to determine the appropriateness of his/her participation.

The structure of the training calls for a great deal of activity and participation, unlike a classroom setting in which participants sit most of the time. If your patient has a medical condition that may be affected please take note of the structure and the hours of the training.

We request that you review the information contained in this Outline and Questionnaire, and discuss with your client the appropriateness of his/ her participation at this time. If you agree that your client's participation is appropriate please indicate your willingness to allow your client to participate in the trainings by signing below.

Therapist's/Physician's Signature: _____ Date: _____

Printed Name: _____ Telephone _____

City: _____ State: _____ Zip: _____

Emergency Contacts-- Must have two contacts with complete information

In case of emergency contact: please print:

Name & Relationship: _____ Name & Relationship: _____

Day Telephone :(_____) _____ Day Telephone:(_____) _____

Evening Telephone :(_____) _____ Evening Telephone:(_____) _____

Verification

I hereby acknowledge and attest that I am over age 18 and have thoroughly and carefully read the information contained herein. I understand it, and have answered all of the questions fully and truthfully. I take full responsibility for my participation in Personal Effectiveness Discovery and Breakthrough.

Signature: _____ Date: _____

Printed Name: _____

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Structure of Discovery & Breakthrough

The training is an experiential learning program that consists of 25% lecture, 25% sharing and 50% experiential exercises such as the following:

Ground Rules

The purpose of Ground Rules is to assist a group of people in working cooperatively within a consistent framework. On the first night of the training, the trainer will review the Ground Rules and ask you agree to them as a condition for participating in the training. A list of the Ground rules is included in this form.

Interactive Discussions

The trainer will present various topics relevant to living in these times. In these discussions the trainer will discuss a particular point of view about these subjects. The purpose is not for you to agree or disagree with what is said, but rather to assist you in observing how you relate to these particular subjects. In observing yourself in the training, you can learn about your principles, commitments, and relationships.

Dyads

A dyad is a one-on-one interaction with another participant. You may be asked to answer a series of questions, tell a story, complete sentences, or assume a particular body stance. You will have the opportunity to look directly at personal issues and to support your dyad partner in doing the same.

Mingles

A mingle exercise involves moving throughout the room while having short interactions with many people. As in dyads, the communication you have with other people during a mingle is structured.

Small Group Exercises

At the start of the training you will choose a small group with an average of 6-12 other participants. During the training, you will meet with your small group to discuss and share what you are learning as well as to participate in other experiential exercises. A volunteer staff member will act as facilitator for your group.

Closed-Eye Processes

During a closed-eye process the trainer will guide you through a creative visualization. Frequently, music and the lowering of lights are used during these processes to facilitate relaxation and promote creativity.

Games

You will, as part of a group, play games to reveal the competitive and cooperative strategies you use, and also to illuminate the possibility of meeting both group and individual commitments throughout your life.

Sharing

Throughout the training you will have the opportunity to learn about yourself through communication: speaking about what you are learning, and listening to the experiences of others. Such sharing occurs one-on-one, in small groups, or in front of the entire training group.

Interactions with the Trainer

At times you may have direct interaction with the trainer. The trainer will relate to you from the perspective that you are capable of effectively handling the circumstances in your life and that you are committed to extraordinary accomplishments. The trainer will also ask you to take personal responsibility rather than being powerless in the face of life's obstacles. Interaction with the trainer is an opportunity for you to examine the limitations of your world view, therefore you may feel challenged, anxious or uncomfortable in going outside of your comfort zone.

Homework

At the close of each day you will be given a homework assignment to be completed before the next session begins. The homework is designed for you to continue your discovery, bring greater clarity to what you are learning, and prepare you for the next day's session.

Food and Rest

During the training, it is important that you get sufficient rest and food. Every 2 to 4 hours there will be a 20-30 minute break and on Saturday and Sunday for approximately 1-1/2 hours in the late afternoon. Be sure to eat a sustaining meal each day before coming to the training. You may need to adjust your schedule to be assured of getting sufficient sleep. This is your personal responsibility. Without sufficient food and rest, your training experience will be diminished. Please arrange your schedule accordingly.

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About Your Participation

Discovery and Breakthrough provides a distinctive learning approach in which participants engage honestly, directly and effectively with issues at the heart of their lives. The Training addresses all dimensions of human nature: intellect, emotions, body and spirit.

Because the format of the training is experiential, at times participants may have thoughts, feelings, or sensations that have not been fully explored. For most participants this is a freeing, exciting and productive learning experience, and at times uncomfortable.

Each person's experience is unique and we cannot promise that you will enjoy each process. For example, you may be asked during an exercise to think about a childhood memory, and you may remember something that is difficult or painful for you. Some people may wish to avoid any experience of sadness or discomfort. The training should be considered as a whole, with a variety of experiences and emotions that contribute to your creating the maximum value. We hold you responsible for your experiences and choices in the training.

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Ground Rules

Important aspects of every organization, activity, or game are defined in its rules. The following ground rules are integral to the success of Discovery & Breakthrough. They will be presented to the entire training group on Wednesday evening of the training.

1. Keep other participants' words and actions completely confidential Please note: ChoiceCenter cannot guarantee confidentiality.
2. Attend the entire training, including Thursday night, Friday night, Saturday and Sunday, and the Completion Evening and Guest Workshop either in person if you are a local resident, or by conference call if you are not a resident.
3. Be on time. Be seated before the music ends. (Just prior to the beginning of each session, and after each break, we play a piece of music that is about 1-1/2 minutes long.) The training starts at 6:30 pm on Thursday; 10:30 am on Friday; 10:00 am on Saturday; and 10:00 am on Sunday. There is a 30-minute Completion Evening Conference Call on Wednesday at 6:30 p.m. PST.
4. Do not side talk. Ask questions, talk and share only when acknowledged by the trainer or during designated sharing periods.
5. Smoke, eat, chew gum, and drink beverages, other than bottled water, only outside the training room.
6. Use no alcohol, marijuana, or other non-prescription consciousness-altering drugs either in or out of the training, until completion of Sunday evening of the training.
7. Take responsibility for your well being. This includes getting sufficient

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food and sleep during the training, and taking any prescribed medications on schedule.

8. Wear your nametag in a visible location during training hours. Turn in your nametag before meal breaks and at the end of each day.
9. Do not take notes, photographs, or make video or audio recording in the training room.
10. Turn off and remove all cellular phones and other electronic devices before entering the training room.
11. Do not sit next to someone you knew prior to ChoiceCenter.
12. Establish no new romantic and/or sexual relationships with training participants or staff members until 30 days following your completion of the Choicecenter curriculum.

Recommendations:

1. Sit in open body position.
2. Be sensitive to when you leave the room to use the bathroom.

Insurance

Due to dramatic increases in the cost of liability insurance it is not practical for ChoiceCenter Worldwide to obtain this type of coverage for its courses. During the first day of your training, a standard release form will be presented and explained to you. You may request a sample of this form from us at any time. By signing this form you will be agreeing to assume full responsibility for your participation in the training, agreeing not to sue ChoiceCenter, and agreeing to settle by arbitration any disputes that may arise. This will be explained more fully on the first day.

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Disclaimers

ChoiceCenter is an experiential education program designed to enhance personal effectiveness. It is not intended to be psychotherapy or counseling or a substitute for psychotherapy or any kind of counseling. ChoiceCenter is not a psychological support group or a therapeutic environment.

ChoiceCenter trainings are beneficial for the vast majority of participants in terms of increasing personal effectiveness and overall satisfaction in life, but should not be taken to resolve emotional problems for which therapy or similar treatments are generally used.

Psychological disorders are not addressed in the ChoiceCenter Trainings. ChoiceCenter staff are not trained mental health professionals and they are not trained to treat psychological problems or to provide treatment to an emotionally or psychologically distressed person. If that is what you are looking for or need, ChoiceCenter cannot serve you.

People who mistake ChoiceCenter Trainings for an alternative to therapy may experience adverse consequences. If you have, or believe you may have a problem requiring psychological treatment, please do not attend any ChoiceCenter Trainings. We urge you to consult a qualified professional.

Childhood Trauma

If you were traumatized in childhood by physical or sexual abuse, or other forms of extreme emotional violence, we urge that you not attempt to resolve such early life traumas in the ChoiceCenter Trainings. The courses are not designed to help you sort out these kinds of issues or alleviate the consequent suffering you may be experiencing. If you have such problems, we suggest you seek an appropriate professional setting in which to address them.

The trainings focus on your adult life, not your childhood. It is possible for people with painful childhood experiences to successfully complete ChoiceCenter Trainings by deciding in advance not to deal with those early issues in the training. Some portions of the training could, however, inadvertently revive painful memories. We, therefore, request that you carefully consider all aspects of such childhood experiences before making a decision about participating here. Please contact us to discuss any questions you may have.

Alcoholism and Chemical Dependency

To maximize the value of the training, you will be asked not to drink alcohol or ingest non-prescribed mood altering drugs during the trainings (see Ground Rule #6). If you are dependent on alcohol, marijuana, cocaine, or any similar, non-prescription mood altering drug, or you would experience difficulty from not using it for a period of 5 days, we recommend you not participate in

the training. ChoiceCenter Trainings are not designed to help you with problems such as alcoholism or chemical dependency.

Right to Exclude

ChoiceCenter trainers reserve the right throughout the entire training to exclude people from the training for any reason.

Refund Policy

A \$300 deposit is required to reserve your seat in any ChoiceCenter workshop. The deposit is non-transferrable. The balance of your tuition is due 10 days prior to the training for which you registered, or will incur a \$50 late fee. For the Personal Development & Leadership course, students receive \$250 off their tuition when the balance is paid in full 21-days or more before the start date.

All tuition is non-refundable. Registration is date specific. You are committing to attend the training on the date you select. If you do not attend the course for which you registered, you may transfer any amount over your \$300 deposit to another course or another participant for up to 12 months from the payment date. A \$50 fee will be applied when transferring to a course other than the date registered, but will be waived if the transfer is to an earlier date.

Requests to transfer tuition must be submitted by the person who made the payment, and should be sent to wecare@choicecenter.com