



IPI Inter-Personal Intensive Application

2007

Please **print** clearly and fill out **both sides** of the application completely. A deposit of \$200 (non-refundable), or the full tuition of \$1,395 must accompany your application. **The balance of your tuition is due two weeks prior to your participation in the IPI Seminar.**

PERSONAL INFORMATION

Name: _____
Last First Middle Nametag

Address: _____
Street City, State, and Zip

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

Employer: _____ Occupation: _____

Age: _____ Date of Birth: _____ Sex: M F Marital Status: _____

Person who shared Life Success with you (your sponsor): _____

In the case of an emergency, who should we contact:

Name Relationship Phone Number(s)

Why do you want to attend IPI? _____

2007 IPI SCHEDULE: (Please check box for the session you want to attend.)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> January 17-21 | <input type="checkbox"/> June 6-10 | <input type="checkbox"/> September 12-16 |
| <input type="checkbox"/> March 14-18 | <input type="checkbox"/> July 25-29 | <input type="checkbox"/> November 14-18 |

NOTE: An IPI Orientation is held the Wednesday before IPI begins and is the only opportunity to inform and familiarize IPI registrants with the rationale, purposes, goals, and format of the IPI framework, in general terms. You are **STRONGLY** urged to attend the Orientation so that you will be fully informed about the IPI seminar.

METHOD OF PAYMENT AND AMOUNT:

Check Cash

Mastercard Visa American Express Agape Loan Fund

Authorization to charge Mastercard/Visa/American Express:

Account Number: _____ Exp. Date _____

Amount: \$ _____ Signature of cardholder _____

LIFE SUCCESS SEMINARS

9248 Princeton Glendale Road • P.O. Box 1369 • West Chester, Ohio 45071-1369
513-874-0555 • Fax: 513-870-6215 • www.LifeSuccessSeminars.com

The following information is needed by Life Success Seminars to process your application to attend IPI. Please answer the following questions in detail, where applicable.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have any diseases, illnesses, or disabilities or special needs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been hospitalized for a physical illness within the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you now, or have you been within the last 6 months, undergoing treatment by a medical doctor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you taking any medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to questions 1, 2, 3, or 4, please explain in detail (including any currently prescribed drugs).

- | | | |
|---|------------------------------|-----------------------------|
| 5. Have you any history of emotional problems for which you sought professional help? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you been institutionalized for emotional reasons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you ever been under treatment by a mental health professional? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to questions 5, 6, or 7, please check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> "I certify that treatment for above stated reason(s) terminated: | <input type="checkbox"/> by mutual consent." |
| | <input type="checkbox"/> unilateral decision by me." |
| | <input type="checkbox"/> unilateral decision by my therapist." |
|
 | |
| <input type="checkbox"/> "I certify that my therapist is aware of my participation in the IPI Seminar.
He/She will submit a written acknowledgment at least one week prior to my IPI." | |

The IPI Seminar is based on an educational/experiential model. Because of the intense nature of this seminar, you may be requested to interview with a mental health professional before being accepted into the IPI Seminar. Life Success Seminars, Inc., has the right to refuse anyone's participation in IPI, or to terminate the participation of a student during any part of the IPI experience.

I understand the intense nature of the IPI Seminar and that upon acceptance into this program, there will be no refund of any part of my tuition. I further understand that the experience of this seminar is a very personal and individual experience. I therefore release Life Success Seminars, Inc., its employees, and the IPI facilitators from all liability.

I certify by my signature below that the above answers are complete and accurate and that I have read the information on both sides of this sheet, including the importance of attending the IPI Orientation.

Signature _____ Date _____

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