



M/C INSIGHTS, INC.

8994 Seminole Blvd., Suite 6, Seminole, FL 33772
Fax: (727) 398-8016

Mel Fergenbaum
mel@mcinsightsinc.com

Welcome To:

REDIRECT YOUR LIFE, A Journey Into Understanding Yourself and Others

Enclosed with this greeting is an Enrollment Form and Student Information Sheet. Please complete these forms and return them to us as soon as possible with the understanding that all information supplied by you will be held in strictest confidence. Also, please enclose payment in the amount of \$525 per person.

Make Checks Payable To:

M/C Insights, Inc.

Mail To:

M/C Insights, Inc.

8994 Seminole Blvd.

Suite 6

Seminole, FL 33772

Or Fax To:

(727) 398-8016

If you have any questions concerning your weekend or the enclosed forms, please contact us at the above telephone numbers.

We are looking forward to meeting you and we are anticipating an insightful and enjoyable weekend.

Warm Regards,

Mel Fergenbaum



M/C INSIGHTS, INC.
presents

REDIRECT YOUR LIFE

A JOURNEY INTO UNDERSTANDING YOURSELF AND OTHERS

ENROLLMENT FORM

(please print)

Name _____ Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ E-Mail _____
Date of Course _____ Enrolled By _____
Tuition _____ Deposit _____ Balance _____ To be paid on or before _____ DOB _____

Make Checks Payable and Remit To: M/C Insights, 8994 Seminole Blvd., #6, Seminole, FL 33772

- I am aware that breaking the agreement would greatly minimize the value I would gain from the course and, therefore, I will be responsible for overcoming any circumstances which would prevent me from keeping this agreement.
- I agree to attend, in their entirety, all sessions of the course.
- I agree to be on time for each session.
- I agree to return the Student Information Sheet and this signed Enrollment Agreement Form within 5 days.
- I agree not to take any non-prescription drugs or alcohol within 24 hours of any session.
- As a participant in this course, I agree to respect the confidentiality of all participants and their remarks.

Informed Consent Agreement

- I understand that this course is educational and NOT psychotherapy or a substitute for psychotherapy.
- I understand that in addition to the benefits, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself during this course, or inflicted by me during the course, and hereby release the instructors from any liability thereof.
- I take responsibility for consulting with a medical doctor prior to participating in the course concerning any known or potential emotional or physical conditions I have or may have, for the purpose of getting permission to participate. I assume the risk, by this consent, of any illness during the course, and hereby release the instructors for any liability thereof.
- I hereby authorize the instructors to take any reasonable steps on my behalf in the case of an accident, injury, or illness including, but not limited to, first aid, doctor, nurse and/or ambulance services, etc. I agree to be liable for the cost of any such actions taken on my behalf, and hereby release the instructors for any liability thereof.
- If I have had serious emotional problems or have been hospitalized for emotional problems or am currently under the care of a psychologist or psychiatrist, I understand that it is required that I attend the program only with the written permission of my therapist.

Refund Policy

After the course, if you are dissatisfied, your tuition will be refunded provided all of the following conditions have been met:

- You have been in attendance the full time for each of the sessions of the course.
- You have participated in all the exercises of the course.
- You have met with the instructors.
- You have submitted a request for a refund, stating the reasons for your dissatisfaction, within seven days of the last session of your course.

I have read and understand this entire agreement and agree to these terms and conditions.

Signature _____ Date _____

Spouse	<input type="checkbox"/>	Partner	<input type="checkbox"/>	
Oldest	<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Son
Next	<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Son
Next	<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Son
Next	<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Son

First Name	Age	Occupation	Personality Traits	Died

EARLY RECOLLECTIONS

Print or type two early recollections. An early recollection is a memory of a **SPECIFIC INCIDENT** that occurred when you were a child.

- *Example of an early recollection:*
Age 4-5

*One day my parents brought home a new baby:
I felt lonely and left out.*

Notice that the above recollection describes a specific incident. It is not a generalized report.

- *The following is **NOT** an early recollection:*
When I was a kid I always used to ride my tricycle and fight with my brother.

It doesn't matter if the experiences you recall are positive or negative. Nor does it matter how far back you can remember, as long as they are your earliest memories. Write two recollections in the spaces below. Give your approximate age and describe how you felt.

ER #1 AGE

How you Felt

ER #2 AGE

How you Felt

Is there anything else we should know about you that would enable us to help you accomplish your goals?

List the names of others you know who have taken the **R**edirect **Y**our **L**ife Course

ADDITIONAL BACKGROUND INFORMATION

Employed by _____

Describe your Responsibilities _____

How are you valuable to your company? _____

Are you: Married Single Separated Divorced Living Together

Describe Your Relationship: _____

Do you have children? _____ Describe your relationship with them _____

Have you served in the armed forces? _____ Describe _____

Have you ever had counseling? _____ What were the results? _____

What would have made the results more positive? _____

What other personal growth courses have you taken? _____

Do you have, or have you had, any major physical illnesses or injuries? _____

Are you presently taking any medication? _____ If so, what? _____

GOALS

What do you want to be different as a result of completing the Redirect Your Life Course? Be very specific about the results you want to produce in these areas.

WORK: _____

LOVE: _____

FRIENDSHIPS: _____

ADDITIONAL INFORMATION:

